## Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 1 of 59

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |   |   |
|-----|--|---|---|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Yunuen First name  Rubi Middle name  Morales Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | Ruby Morales<br>Yunuen Morales  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-2806   |   |

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 2 of 59

Debtor 1 Yunuen Rubi Morales

rales Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |  |
|----|---|---|--|--|--|--|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |  |  |
|    |   | EINs  | EINs   |  |  |  |  |
| 5. | Where you live  | 2249 North Lowell Avenue  | If Debtor 2 lives at a different address:  |  |  |  |  |
|    |   | Chicago, IL 60639  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |  |  |
|    |   | Cook  |  |  |  |  |  |
|    |   | County  | County   |  |  |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |  |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |  |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |  |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |  |
|    |   |   |  |  |  |  |  |

Entered 08/16/16 16:49:37 Page 3 of 59 Case 16-26322 Doc 1 Filed 08/16/16 Desc Main

Document Case number (if known) Debtor 1 Yunuen Rubi Morales

| 7.  | The chapter of the Bankruptcy Code you are                                   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |               |                                   |  |   |  |
|-----|--|---|---------------|-----------------------------------|--|---|--|
|     | choosing to file under   | <b>■</b> C  | hapter 7      |                                   |  |   |  |
|     |  | □с  | hapter 11     |                                   |  |   |  |
|     |  | □с  | hapter 12     |                                   |  |   |  |
|     |  | □с  | hapter 13     |                                   |  |   |  |
|     |  |   |               |                                   |  |   |  |
| В.  | How you will pay the fee   |   | about how yo  | u may pay. Typ<br>attorney is sub | pically, if you are paying the fee yo  | with the clerk's office in your local court for more detaurself, you may pay with cash, cashier's check, or morelf, your attorney may pay with a credit card or check w |  |
|     |  |   |               |                                   | tallments. If you choose this options to the contract of the c | n, sign and attach the Application for Individuals to Pa  |  |
|     |  |   | I request tha | t my fee be wa                    | aived (You may request this option   | only if you are filing for Chapter 7. By law, a judge ma  |  |
|     |  |   |               |                                   |  | ur income is less than 150% of the official poverty line installments). If you choose this option, you must fill of   |  |
|     |  |   |               |                                   |  | ial Form 103B) and file it with your petition.  |  |
|     |  |   |               |                                   |  |   |  |
| ).  | Have you filed for bankruptcy within the                                     | ■ No  | <b>)</b> .    |                                   |  |   |  |
|     | last 8 years?  | □Y€   | ∋s.           |                                   |  |   |  |
|     |  |   | District      |                                   | When   | Case number   |  |
|     |  |   | District      |                                   | When   | Case number   |  |
|     |  |   | District      |                                   | When   | Case number   |  |
| 10. | Are any bankruptcy   | ■ No  |               |                                   |  |   |  |
|     | cases pending or being filed by a spouse who is                              | — No  |               |                                   |  |   |  |
|     | not filing this case with you, or by a business partner, or by an affiliate? | ш те  | 15.           |                                   |  |   |  |
|     |  |   | Debtor        |                                   |  | Relationship to you   |  |
|     |  |   | District      |                                   | When   | Case number, if known   |  |
|     |  |   | Debtor        |                                   |  | Relationship to you   |  |
|     |  |   | District      |                                   | When   | Case number, if known   |  |
| 11. | Do you rent your residence?  | ■ No  | Go to li      | ne 12.                            |  |   |  |
|     | 1631461166 :   | □Y€   | es. Has yo    | ur landlord obta                  | ained an eviction judgment agains  | you and do you want to stay in your residence?  |  |
|     |  |   |               |                                   |  |   |  |
|     |  |   |               | No. Go to line                    | 12.  |   |  |
|     |  |   |               |                                   |  | ludgment Against You (Form 101A) and file it with   |  |

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 4 of 59 Case number (if known) Debtor 1 Yunuen Rubi Morales Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D).

## Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

☐ Yes.

☐ Yes.

What is the hazard?

Code.

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 5 of 59

Debtor 1 Yunuen Rubi Morales

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

## ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 6 of 59

| Deb  | tor 1 Yunuen Rubi Mor   | ales   | Document   | ——————————————————————————————————————  | Case number (if k    | nown)   |  |
|------|---|--|--|---|----------------------|---|--|
| Part | 6: Answer These Quest   | ions for R   | eporting Purposes  |   |                      |   |  |
| 16.  | What kind of debts do you have?   | 16a.   | Are your debts primarily consumindividual primarily for a personal         | mer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by ar family, or household purpose." |                      |   |  |
|      |   |  | ☐ No. Go to line 16b.  |   |                      |   |  |
|      |   |  | Yes. Go to line 17.  |   |                      |   |  |
|      |   | 16b.   | Are your debts primarily busing money for a business or investment         |   |                      |   |  |
|      |   |  | ☐ No. Go to line 16c.  |   |                      |   |  |
|      |   |  | ☐ Yes. Go to line 17.  |   |                      |   |  |
|      |   | 16c.   | State the type of debts you owe t  | hat are not consumer del  | bts or business de   | bts   |  |
| 17.  | Are you filing under<br>Chapter 7?  | □ No.  | I am not filing under Chapter 7. G   | Go to line 18.  |                      |   |  |
|      | Do you estimate that<br>after any exempt<br>property is excluded and<br>administrative expenses | ■ Yes.   | I am filing under Chapter 7. Do yo are paid that funds will be available.  |   |                      | is excluded and administrative expenses   |  |
|      | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors?         |  | □ Yes  |   |                      |   |  |
| 18.  | How many Creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-1<br>□ 200-9  |  | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000   |                      | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |  |
| 19.  | How much do you estimate your assets to be worth?   | <b>\$100</b> ,   | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million           | □ \$1,000,001 - \$10 m □ \$10,000,001 - \$50 □ \$50,000,001 - \$100 □ \$100,000,001 - \$50                    | million<br>0 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |
| 20.  | How much do you estimate your liabilities to be?  | <b>\$100</b> ,   | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million           | □ \$1,000,001 - \$10 m □ \$10,000,001 - \$50 □ \$50,000,001 - \$100 □ \$100,000,001 - \$50                    | million<br>0 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |
| Part | 7: Sign Below   |  |  |   |                      |   |  |
| For  | you   | I have ex  | amined this petition, and I declare  | under penalty of perjury  | that the information | n provided is true and correct.   |  |
|      |   |  | chosen to file under Chapter 7, I al<br>ates Code. I understand the relief |   |                      | er Chapter 7, 11,12, or 13 of title 11,<br>e to proceed under Chapter 7.  |  |
|      |   |  | rney represents me and I did not p<br>t, I have obtained and read the no   |   |                      | attorney to help me fill out this   |  |
|      |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |  |   |                      |   |  |
|      |   | bankrupto<br>and 3571  | cy case can result in fines up to \$2                                      |   |                      | perty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519,   |  |
|      |   | Yunuen   | uen Rubi Morales Rubi Morales e of Debtor 1                                | Signa   | ature of Debtor 2    |   |  |
|      |   | Executed   | August 16, 2016  MM / DD / YYYY  | Exect   | uted onMM / DE       | D/YYYY  |  |

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 7 of 59

Debtor 1 Yunuen Rubi Morales Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ C. DEAN MATSAS                     | Date          | August 16, 2016        |  |  |  |
|--|---------------|------------------------|--|--|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY         |  |  |  |
| C. DEAN MATSAS                         |               |                        |  |  |  |
| Printed name                           |               |                        |  |  |  |
| C. DEAN MATSAS & ASSOCIATES            |               |                        |  |  |  |
| Firm name                              |               |                        |  |  |  |
| 5153 N. BROADWAY                       |               |                        |  |  |  |
| CHICAGO, IL 60640                      |               |                        |  |  |  |
| Number, Street, City, State & ZIP Code |               |                        |  |  |  |
| Contact phone <b>773-907-9600</b>      | Email address | CDMATSAS@MATSASLAW.COM |  |  |  |
|  |               |                        |  |  |  |
| Bar number & State                     |               |                        |  |  |  |

|                       |                          | Docum             | THE LAUCE OF JO |  |
|-----------------------|--------------------------|-------------------|-----------------|--|
| Fill in this infor    | mation to identify your  | case:             |                 |  |
| Debtor 1              | Yunuen Rubi Mor          | ales              |                 |  |
|                       | First Name               | Middle Name       | Last Name       |  |
| Debtor 2              |                          |                   |                 |  |
| Spouse if, filing)    | First Name               | Middle Name       | Last Name       |  |
| Jnited States Ba      | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |  |
| Case number if known) |                          |                   |                 |  |

☐ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a      | assets<br>of what you own |
|-----|--|-------------|---------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 170,000.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 9,815.00                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 179,815.00                |
| Paı | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 195,289.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 48,125.00                 |
|     | Your total liabilities   | \$          | 243,414.00                |
| Paı | t 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 2,365.00                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 2,360.00                  |
| Paı | t 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                  |
| 7.  | ■ Yes What kind of debt do you have?   |             |                           |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Entered 08/16/16 16:49:37 Case 16-26322 Doc 1 Filed 08/16/16 Desc Main Document

Page 9 of 59
Case number (if known) Debtor 1 Yunuen Rubi Morales

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |    |
|----|--|----|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | \$ |

2,715.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim |
|--|-------|-------|
| From Part 4 on Schedule E/F, copy the following:   |       |       |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00  |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00  |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 0.00  |

|             |                      |                           |                     |            | ument                         | Page 10 of 59  |                  |                  |                                       |
|-------------|----------------------|---------------------------|---------------------|------------|-------------------------------|--|------------------|------------------|---------------------------------------|
| FIII        | in this informa      | ation to identify y       | our case and th     | nis filing | j:                            |  |                  |                  |                                       |
| Deb         | tor 1                | Yunuen Rubi<br>First Name |                     | e Name     |                               | Last Name  |                  |                  |                                       |
| Deb         | otor 2               | First Name                | Middle              | ename      |                               | Last Name  |                  |                  |                                       |
|             | use, if filing)      | First Name                | Middle              | Name       |                               | Last Name  |                  |                  |                                       |
| Unit        | ed States Bank       | kruptcy Court for th      | ne: NORTHER         | N DIST     | RICT OF ILL                   | INOIS  |                  |                  |                                       |
| Cas         | e number             |                           |                     |            |                               |  |                  |                  | ☐ Check if this is an                 |
| - Cuc       |                      |                           |                     |            |                               |  |                  |                  | amended filing                        |
|             |                      |                           |                     |            |                               |  |                  |                  |                                       |
| Of          | ficial For           | m 106A/B                  |                     |            |                               |  |                  |                  |                                       |
| _           |                      | A/B: Pro                  | nerty               |            |                               |  |                  |                  | 12/15                                 |
|             |                      |                           |                     | an asset   | only once. It                 | f an asset fits in more than or                                  | ne category, lis | at the asset in  |                                       |
| hink        | it fits best. Be     | as complete and ac        | curate as possibl   | le. If two | married peop                  | ole are filing together, both and the top of any additional page | re equally resp  | onsible for su   | pplying correct                       |
|             | er every question    |                           | iacii a separate si | neet to ti | iis ioiiii. Oii i             | nie top of any additional page                                   | es, write your i | iaille allu case | number (ii known).                    |
| Part        | 1: Describe Ea       | ach Residence, Bui        | lding, Land, or Ot  | her Real   | Estate You C                  | Own or Have an Interest In                                       |                  |                  |                                       |
| D           | you own or ha        | ive any legal or equi     | table interest in a | nv resid   | ence huildin                  | g, land, or similar property?                                    |                  |                  |                                       |
|             |                      |                           | table interest in a | illy resid | erice, buildin                | g, land, or similar property:                                    |                  |                  |                                       |
|             | No. Go to Part 2     |                           |                     |            |                               |  |                  |                  |                                       |
|             | Yes. Where is t      | the property?             |                     |            |                               |  |                  |                  |                                       |
|             |                      |                           |                     |            |                               |  |                  |                  |                                       |
| 1.1         |                      |                           |                     | What       | is the proper                 | rty? Check all that apply  |                  |                  |                                       |
| 1.1         | 2249 North           | Lowell                    |                     | vviiat     | Single-family                 | -  | Do not dod       | uet cooured ele  | ims or exemptions. Put                |
|             | Street address, if a | available, or other descr | ption               |            | -                             | ulti-unit building   | the amount       | of any secured   | d claims on Schedule D:               |
|             |                      |                           |                     |            | •                             | m or cooperative   | Creditors V      | Vho Have Clain   | ns Secured by Property.               |
|             |                      |                           |                     |            | Manufacture                   | ed or mobile home  |                  |                  |                                       |
|             | Chicago              | IL                        | 60639-0000          |            | Land                          | d of mobile nome   | Current va       |                  | Current value of the portion you own? |
|             | City                 | State                     | ZIP Code            |            | Investment                    | property   | • • •            | 70,000.00        | \$170,000.00                          |
|             |                      |                           |                     |            | Timeshare                     |  | Describe t       | he nature of v   | our ownership interest                |
|             |                      |                           |                     |            | Other                         |  | _ (such as fe    |                  | ancy by the entireties, or            |
|             |                      |                           |                     | _          | has an intere<br>Debtor 1 onl | st in the property? Check one                                    | a ille estat     | e), ii kilowii.  |                                       |
|             | Cook                 |                           |                     |            | Debtor 2 onl                  | •  |                  |                  |                                       |
|             | County               |                           |                     |            | Debtor 1 and                  | d Debtor 2 only  | — Check          | r if this is com | munity property                       |
|             |                      |                           |                     |            | At least one                  | of the debtors and another                                       |                  | structions)      | munity property                       |
|             |                      |                           |                     |            |                               | you wish to add about this it<br>tion number:                    | em, such as lo   | cal              |                                       |
|             |                      |                           |                     | ргорс      | orty identified               | alon number.   |                  |                  |                                       |
|             |                      |                           |                     |            |                               |  |                  |                  |                                       |
|             |                      |                           |                     |            |                               |  |                  |                  |                                       |
|             |                      |                           |                     |            |                               | from Part 1, including ar  |                  |                  | \$170,000.00                          |
|             |                      | our Vehicles              | art II Willo tilat  | Hambe      |                               |  |                  |                  |                                       |
| ıaıı        | Z. Describe 1        | our vernicles             |                     |            |                               |  |                  |                  |                                       |
|             |                      |                           |                     |            |                               | , whether they are registe<br>Executory Contracts and U          |                  |                  | hicles you own that                   |
|             |                      | •                         |                     |            |                               | Exceptiony Contracts and Of                                      | noxpireu Leas    |                  |                                       |
| 3. <b>C</b> | ars, vans, truc      | cks, tractors, spo        | rt utility vehicle  | s, moto    | rcycles                       |  |                  |                  |                                       |
|             | No                   |                           |                     |            |                               |  |                  |                  |                                       |
|             |                      |                           |                     |            |                               |  |                  |                  |                                       |

☐ Yes

|    |                                   | Case 16-26322  | Doc 1           | Filed 08/16/16           | Entered 08/16/16 16:4   | 19:37       | Desc Main   |
|----|-----------------------------------|--|-----------------|--------------------------|---|-------------|---|
| D  | ebtor 1                           | Yunuen Rubi Morale   | es              | Document                 | Page 11 of 59 Case number   | (if known)  |   |
|    |                                   |  |                 |                          | cles, other vehicles, and accessor<br>owmobiles, motorcycle accessories |             |   |
|    | ■ No                              |  |                 |                          |   |             |   |
|    | ☐ Yes                             |  |                 |                          |   |             |   |
|    |                                   |  |                 |                          |   |             |   |
| 5  |                                   |  |                 |                          | om Part 2, including any entries f                                      |             | \$0.00  |
| Pa | art 3: Des                        | scribe Your Personal and I   | lousehold Item  | s                        |   |             |   |
| D  | o you ow                          | n or have any legal or e   | quitable inter  | est in any of the follow | ing items?  |             | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | Example ☐ No                      | old goods and furnishin<br>es: Major appliances, furn                        |                 | hina, kitchenware        |   |             |   |
|    | Yes.                              | Describe   |                 |                          |   |             |   |
|    |                                   | House  | ehold goods     | and furniture            |   | ]           | \$500.00  |
|    |                                   |  |                 |                          |   |             |   |
| 7. | Electron Example                  |  |                 |                          | oment; computers, printers, scanners                                    | s; music co | ollections; electronic devices  |
|    | _                                 | Describe   |                 |                          |   |             |   |
| 8. | Example                           | oles of value<br>es: Antiques and figurines<br>other collections, men        |                 |                          | oks, pictures, or other art objects; sta                                | amp, coin,  | or baseball card collections;   |
|    | ■ No<br>□ Yes.                    | Describe   |                 |                          |   |             |   |
| 9. |                                   | ent for sports and hobbi<br>es: Sports, photographic,<br>musical instruments |                 | other hobby equipment; I | bicycles, pool tables, golf clubs, skis                                 | ; canoes a  | and kayaks; carpentry tools;  |
|    | ☐ Yes.                            | Describe   |                 |                          |   |             |   |
| 10 | . <b>Firearm</b><br>Examp<br>■ No | n <b>s</b><br>eles: Pistols, rifles, shotgu                                  | ns, ammunitio   | n, and related equipment | t .   |             |   |
|    | ☐ Yes.                            | Describe   |                 |                          |   |             |   |
| 11 | □ No                              | oles: Everyday clothes, fur  | s, leather coat | s, designer wear, shoes, | accessories   |             |   |
|    | ■ Yes.                            | Describe   |                 |                          |   |             |   |
|    |                                   | wearii   | ng apparel      |                          |   | ]           | \$200.00  |
| 12 | ■ No                              |  | stume jewelry,  | engagement rings, wed    | ding rings, heirloom jewelry, watche                                    | s, gems, g  | old, silver   |
| 13 | Examp □ No                        | rm animals<br>bles: Dogs, cats, birds, hor<br>Describe                       | rses            |                          |   |             |   |

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 12 of 59 Case number (if known) Debtor 1 Yunuen Rubi Morales 1 Domestic pet; cat \$0.00 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$700.00 for Part 3. Write that number here ...... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No \$50.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... Chase \$7.00 17.1. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

Yes. List each account separately.

Type of account:

Issuer name:

Institution name:

401k Thru employer

\$1,000.00

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 13 of 59 Case number (if known) Debtor 1 Yunuen Rubi Morales 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): Yes..... **IRA Charles Schwab** \$1,400.00 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 2015 income tax refund; received March, 2015 and used for necessary living \$6,658.00 expenses. **Federal** 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

■ No

☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

■ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

|                     |  | Doc 1                                  | Filed 08/16/16<br>Document                       | Entered 08/16/16 16:49:37<br>Page 14 of 59          | Desc Main             |
|---------------------|--|--|--|---|-----------------------|
| Debtor 1            | Yunuen Rubi Morales  | 3                                      |  | Case number (if known)                              |                       |
| If you a someo      | erest in property that is deare the beneficiary of a living the has died.  Give specific information | l <b>ue you from</b><br>g trust, expec | someone who has die<br>t proceeds from a life in | d surance policy, or are currently entitled to reco | eive property because |
| Examp<br>■ No       | against third parties, who les: Accidents, employmen Describe each claim                             |  |  | t or made a demand for payment to sue               |                       |
| ■ No                | contingent and unliquidate  Describe each claim  | ed claims of                           | every nature, including                          | g counterclaims of the debtor and rights to         | set off claims        |
| 35 Any fin          | ancial assets you did not  | already list                           |  |   |                       |
| ■ No                | Give specific information  | anoualy not                            |  |   |                       |
|                     |  |  |  | ny entries for pages you have attached              | \$9,115.00            |
| Part 5: Des         | scribe Any Business-Related  | Property You                           | Own or Have an Interest I                        | n. List any real estate in Part 1.                  |                       |
| 37. <b>Do you o</b> | own or have any legal or equi  | table interest i                       | n any business-related p                         | roperty?  |                       |
| ■ No. Go            | to Part 6.   |  |  |   |                       |
| ☐ Yes. G            | so to line 38.   |  |  |   |                       |
|                     | scribe Any Farm- and Comme<br>ou own or have an interest in fa                                       |  |  | n or Have an Interest In.                           |                       |
| 46. <b>Do you</b>   | own or have any legal or   | equitable in                           | terest in any farm- or o                         | commercial fishing-related property?                |                       |
| No.                 | Go to Part 7.  |  |  |   |                       |
| ☐ Yes.              | Go to line 47.   |  |  |   |                       |
| Part 7:             | Describe All Property You  | Own or Have a                          | n Interest in That You Did                       | Not List Above                                      |                       |
|                     | have other property of an oles: Season tickets, country  |  |  |   |                       |
| ■ No                |  |  |  |   |                       |
| ☐ Yes. (            | Give specific information  |  |  |   |                       |

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

\$0.00

Page 15 of 59

Case number (if known) Document Debtor 1 Yunuen Rubi Morales

| Part | 8: List the Totals of Each Part of this Form                 |            |                              |              |
|------|--|------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |            |                              | \$170,000.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$0.00     |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$700.00   |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$9,115.00 |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00     |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00     |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00     |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$9,815.00 | Copy personal property total | \$9,815.00   |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |            |                              | \$179,815.00 |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this infor  | mation to identify your  | case:             |             |                                      |
|---------------------|--------------------------|-------------------|-------------|--------------------------------------|
| Debtor 1            | Yunuen Rubi Mo           | rales             |             |                                      |
|                     | First Name               | Middle Name       | Last Name   |                                      |
| Debtor 2            |                          |                   |             |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                      |
| Case number         |                          |                   |             |                                      |
| (if known)          |                          |                   |             | ☐ Check if this is an amended filing |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as | Exempt |
|--|--------|
|--|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the e portion you own |     | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|---|--|-----|---|------------------------------------|--|
|   | Copy the value from<br>Schedule A/B                  | Che | eck only one box for each exemption.                            |                                    |  |
| Household goods and furniture Line from Schedule A/B: 6.1                           | \$500.00   |     | \$500.00  | 735 ILCS 5/12-1001(b)              |  |
| Line nom <i>Schedule A/D</i> . <b>3.1</b>   |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| wearing apparel Line from Schedule A/B: 11.1  | \$200.00   |     | \$200.00  | 735 ILCS 5/12-1001(a)              |  |
| Line from Scneaule A/B: 11.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Cash Line from Schedule A/B: 16.1   | \$50.00  |     | \$50.00   | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B. 10.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Checking: Chase Line from Schedule A/B: 17.1  | \$7.00   |     | \$7.00  | 735 ILCS 5/12-1001(b)              |  |
| Line Holli Schedule PAB. 11.1   |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 401k: Thru employer   | \$1,000.00   |     | \$1,000.00  | 735 ILCS 5/12-1006                 |  |
| LINE HOIH SCHEAUIE A/D. Z1.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 17 of 59

Case number (if known)

|    | ef description of the property and line on nedule A/B that lists this property   | Current value of the portion you own | Amo    | ount of the exemption you claim                                 | Specific laws that allow exemption |
|----|--|--------------------------------------|--------|---|------------------------------------|
|    |  | Copy the value from<br>Schedule A/B  | Che    | eck only one box for each exemption.                            |                                    |
|    | A Charles Schwab<br>e from Schedule A/B: 24.1                                    | \$1,400.00                           |        | \$1,400.00  | 735 ILCS 5/12-704                  |
| L  | e nom sonedule A.B. 24.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | deral: 2015 income tax refund;<br>ceived March, 2015 and used for                | \$6,658.00                           |        | \$3,443.00  | 735 ILCS 5/12-1001(b)              |
| ne | cessary living expenses. e from Schedule A/B: 28.1                               | •                                    |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | e you claiming a homestead exemption<br>bject to adjustment on 4/01/19 and every |                                      |        | led on or after the date of adjustme                            | nt.)                               |
|    | Yes. Did you acquire the property cover  | ed by the exemption wi               | thin 1 | ,215 days before you filed this case                            | ?                                  |
|    | □ No   |                                      |        |   |                                    |
|    | ☐ Yes  |                                      |        |   |                                    |

|                                   | Case 16-26322                          |  | Entered      | 08/16/16 16:<br>of 59                                  | 49:37 Desc M                                       | lain                        |
|-----------------------------------|--|--|--------------|--|--|-----------------------------|
| Fill in this in                   | formation to identify you              |  |              |  |  |                             |
| Debtor 1                          | Yunuen Rubi M                          |  |              |  |  |                             |
| Dahtar 0                          | First Name                             | Middle Name Las  | t Name       |  |  |                             |
| Debtor 2<br>(Spouse if, filing)   | First Name                             | Middle Name Las  | t Name       |  |  |                             |
| United States                     | Bankruptcy Court for the               | : NORTHERN DISTRICT OF ILLINOI   | IS           |  |  |                             |
| Case number                       | r                                      |  |              |  | _  | if this is an<br>led filing |
| Official Fo                       | orm 106D                               |  |              |  |  |                             |
| Schedu                            | le D: Creditors                        | Who Have Claims Se   | cured        | by Property  | y  | 12/15                       |
| s needed, copy<br>number (if know | y the Additional Page, fill it<br>wn). | If two married people are filing together, bo<br>out, number the entries, and attach it to thi   |              |  |  |                             |
|                                   | tors have claims secured by            |  |              |  |  |                             |
| _                                 |  | his form to the court with your other sche   | edules. You  | have nothing else t                                    | o report on this form.                             |                             |
| ■ Yes. F                          | fill in all of the information         | below.   |              |  |  |                             |
| Part 1: Lis                       | st All Secured Claims                  |  |              | Column A   | Column B   | Column C                    |
| for each claim.                   | If more than one creditor has          | more than one secured claim, list the creditor is a particular claim, list the other creditors in Prical order according to the creditor's name. |              | Amount of claim Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion           |
|                                   | star Mortgage LLC                      | Describe the property that secures the cl  | laim:        | \$195,289.00   | \$170,000.00                                       | \$25,289.00                 |
| Creditor's                        |  | 2249 North Lowell Chicago, IL 6<br>Cook County   | 0639         |  |  |                             |
| Blvd                              | Sypress Waters<br>ell, TX 75019        | As of the date you file, the claim is: Check apply.  Contingent  | all that     |  |  |                             |
| Number, S                         | Street, City, State & Zip Code         | ☐ Unliquidated ☐ Disputed  |              |  |  |                             |
| Who owes the                      | e debt? Check one.                     | Nature of lien. Check all that apply.  |              |  |  |                             |
| ■ Debtor 1 on □ Debtor 2 on       | •                                      | ☐ An agreement you made (such as mortg car loan)   | age or secur | red  |  |                             |
|                                   | nd Debtor 2 only                       | Statutory lien (such as tax lien, mechanic   | c's lien)    |  |  |                             |
|                                   | e of the debtors and another           | Judgment lien from a lawsuit   |              |  |  |                             |
| ☐ Check if th communit            | is claim relates to a<br>ry debt       | ☐ Other (including a right to offset)  |              |  |  |                             |

Add the dollar value of your entries in Column A on this page. Write that number here: \$195,289.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$195,289.00

Last 4 digits of account number

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Opened 06/05 Last Active

Date debt was incurred 6/16/16

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1612

|                                  |                                       |   | D                                      | ocument                            | Page 1              | 9 of 59  |                                  |
|----------------------------------|---------------------------------------|---|--|------------------------------------|---------------------|--|----------------------------------|
| Fill in t                        | this inforn                           | nation to identify your   | case:                                  |                                    |                     |  |                                  |
| Debtor                           | · 1                                   | Yunuen Rubi Mor   | ales                                   |                                    |                     |  |                                  |
|                                  | •                                     | First Name  | Middle Nam                             | ne                                 | Last Name           |  |                                  |
| Debtor                           |                                       |   |  |                                    |                     |  |                                  |
| (Spouse                          | if, filing)                           | First Name  | Middle Nam                             | ne                                 | Last Name           |  |                                  |
| United                           | States Ba                             | nkruptcy Court for the:   | NORTHERN I                             | DISTRICT OF                        | ILLINOIS            |  |                                  |
| Case n                           | number                                |   |  |                                    |                     |  |                                  |
| (if known)                       |                                       |   |  |                                    |                     |  | ☐ Check if this is an            |
|                                  |                                       |   |  |                                    |                     |  | amended filing                   |
| o                                | . –                                   | 400E/E  |  |                                    |                     |  |                                  |
|                                  |                                       | n 106E/F  |  | _                                  |                     |  |                                  |
| Sche                             | dule E                                | /F: Creditors W   | ho Have l                              | Jnsecure (                         | d Claims            |  | 12/15                            |
| Schedul<br>left. Atta<br>name an | le D: Credite sch the Con nd case nun | ors Who Have Claims Sec<br>tinuation Page to this pag<br>nber (if known). | ured by Property<br>je. If you have no | . If more space i                  | is needed, copy     | any creditors with partially secured<br>the Part you need, fill it out, number<br>do not file that Part. On the top of ar                              | the entries in the boxes on the  |
| Part 1:                          | List A                                | II of Your PRIORITY Un  | secured Claim                          | s                                  |                     |  |                                  |
| 1. Do                            | any credito                           | ors have priority unsecure  | d claims against                       | you?                               |                     |  |                                  |
|                                  | No. Go to P                           | art 2.  |  |                                    |                     |  |                                  |
|                                  | Yes.                                  |   |  |                                    |                     |  |                                  |
| Part 2:                          | List Al                               | II of Your NONPRIORIT   | Y Unsecured C                          | laims                              |                     |  |                                  |
| 3. Do                            | any credito                           | ors have nonpriority unsec  | ured claims agai                       | inst you?                          |                     |  |                                  |
|                                  | No. You hav                           | ve nothing to report in this p  | art. Submit this for                   | rm to the court wi                 | ith your other sch  | edules.  |                                  |
| _                                | Yes.                                  |   |  |                                    | ·                   |  |                                  |
| _                                | Yes.                                  |   |  |                                    |                     |  |                                  |
| uns                              | secured clair<br>n one credit         | m, list the creditor separately   | y for each claim. F                    | or each claim list                 | ted, identify what  | <ul> <li>holds each claim. If a creditor has n<br/>type of claim it is. Do not list claims alru<br/>three nonpriority unsecured claims fill</li> </ul> | eady included in Part 1. If more |
|                                  |                                       |   |  |                                    |                     |  | Total claim                      |
| 4.1                              | Amex                                  |   | L                                      | ast 4 digits of a                  | ccount number       | 9993   | \$1,133.00                       |
|                                  |                                       | Creditor's Name   |  |                                    |                     |  |                                  |
|                                  |                                       | ondence   |  | M                                  | . 1.4 :             | Opened 06/15 Last Active   | !                                |
|                                  | Po Box                                | , TX 79998  | V                                      | Vhen was the de                    | ebt incurred?       | 10/10/15   |                                  |
|                                  |                                       | treet City State Zlp Code   |  | s of the date yo                   | u file, the claim   | is: Check all that apply   |                                  |
|                                  | Who incu                              | rred the debt? Check one.   |  |                                    |                     |  |                                  |
|                                  | Debtor                                | 1 only  |  | ☐ Contingent                       |                     |  |                                  |
|                                  | ☐ Debtor                              | 2 only  |  | ☐ Unliquidated                     |                     |  |                                  |
|                                  |                                       | 1 and Debtor 2 only   |  | Disputed                           |                     |  |                                  |
|                                  |                                       | t one of the debtors and and  | _                                      | •                                  | ORITY unsecure      | d claim:   |                                  |
|                                  |                                       | if this claim is for a com  |  | Student loans                      |                     |  |                                  |
|                                  | debt                                  | m subject to offset?  | Ĺ                                      | Obligations ari                    |                     | aration agreement or divorce that you o  | did not                          |
|                                  | ■ No                                  |   |  | Debts to pensi                     | on or profit-sharir | ng plans, and other similar debts  |                                  |
|                                  | ☐ Yes                                 |   |  | Other Specific                     | Credit Card         | 1  |                                  |
|                                  | - 103                                 |   | -                                      | <ul> <li>Otner, Specify</li> </ul> | J. Juli Juli        | -  |                                  |

Page 20 of 59 Document Debtor 1 Yunuen Rubi Morales Case number (if know) 4.2 **Bank Of America** Last 4 digits of account number 8676 \$0.00 Nonpriority Creditor's Name Nc4-105-03-14 Opened 11/04/05 Last Active When was the debt incurred? Po Box 26012 2/24/12 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.3 **Bank Of America** 8690 Last 4 digits of account number \$1,822.00 Nonpriority Creditor's Name Nc4-105-03-14 Opened 06/15 Last Active 11/15 Po Box 26012 When was the debt incurred? Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 Blitt and Gaines, P.C. Last 4 digits of account number 6298 Unknown Nonpriority Creditor's Name 661 Glenn Ave. When was the debt incurred? 2016 Wheeling, IL 60090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

Other Specify County Case Number: 16-M1-116298.

lawsuit attorneys for Discover Bank; Cook

Is the claim subject to offset?

Debtor 1 Yunuen Rubi Morales

Document Page 21 of 59
Case number (if know)

| 4.5 | Capital One  | Last 4 digits of account number                              | 2153  | \$0.00     |
|-----|--|--|---|------------|
|     | Nonpriority Creditor's Name Po Box 30285 Salt Lake City, UT 84130                              | When was the debt incurred?                                  | Opened 1/31/03 Last Active 12/13/11           |            |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.                           | As of the date you file, the claim                           | is: Check all that apply                      |            |
|     | Debtor 1 only  | ☐ Contingent   |   |            |
|     | Debtor 2 only  | ☐ Unliquidated   |   |            |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|     | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|     | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
|     | Yes  | Other. Specify Credit Card                                   | I   |            |
| 4.6 | Capital One  | Last 4 digits of account number                              | 1498  | \$3,467.00 |
|     | Nonpriority Creditor's Name Po Box 30285 Po Box 62180  | When was the debt incurred?                                  | Opened 12/10 Last Active 12/15                |            |
|     | Salt Lake City, UT 84130  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
|     | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|     | Debtor 2 only  | ☐ Unliquidated   |   |            |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|     | Check if this claim is for a community   | ☐ Student loans  |   |            |
|     | debt Is the claim subject to offset?   | report as priority claims                                    | aration agreement or divorce that you did not |            |
|     | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
|     | Yes  | Other. Specify Credit Card                                   | <u> </u>                                      |            |
| 4.7 | Capital One Nonpriority Creditor's Name  | Last 4 digits of account number                              | 1733  | \$3,562.00 |
|     | Po Box 30285 Po Box 62180 Salt Lake City, UT 84130   | When was the debt incurred?                                  | Opened 11/14 Last Active 11/15                |            |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.                            | As of the date you file, the claim                           | is: Check all that apply                      |            |
|     | Debtor 1 only  | ☐ Contingent   |   |            |
|     | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|     | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|     | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |            |
|     | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
|     | Yes  | Other. Specify Credit Card                                   | <u> </u>                                      |            |

Document Page 22 of 59 Debtor 1 Yunuen Rubi Morales Case number (if know) 4.8 Capital One Last 4 digits of account number 5818 \$3,206,00 Nonpriority Creditor's Name Po Box 30285 Opened 07/15 Last Active When was the debt incurred? Po Box 62180 11/15 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.9 Capital One / Carson Last 4 digits of account number 5571 \$0.00 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 04/98 Last Active Po Box 30258 When was the debt incurred? 4/21/09 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Charge Account** Other. Specify 4.1 **Chase Card Services** 4306 \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Correspondence Dept Opened 05/06 Last Active Po Box 15298 When was the debt incurred? 4/18/11 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

■ Other. Specify Credit Card

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Case 16-26322 Page 23 of 59
Case number (if know) Document

Debtor 1 Yunuen Rubi Morales

| Chase Card Services   | Last 4 digits of account number                              | 7511  | \$2,896.0 |
|---|--|---|-----------|
| Nonpriority Creditor's Name Attn: Correspondence Dept   | _  | Opened 06/15 Last Active                      |           |
| Po Box 15298<br>Wilmington, DE 19850  | When was the debt incurred?                                  | 12/15   |           |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                                    | As of the date you file, the claim i                         | is: Check all that apply                      |           |
| ■ Debtor 1 only   | ☐ Contingent   |   |           |
| Debtor 2 only   | ☐ Unliquidated   |   |           |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |           |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |           |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |           |
| debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |           |
| ■ No  | Debts to pension or profit-sharin                            | g plans, and other similar debts              |           |
| Yes   | ■ Other. Specify Credit Card                                 | <u> </u>                                      |           |
| Citibank  | Last 4 digits of account number                              | 6209  | \$0.0     |
| Nonpriority Creditor's Name Citicorp Credit/Centralized   | _  | Opened 03/06 Last Active                      |           |
| Bankruptcy<br>Po Box 790040   | When was the debt incurred?                                  | 10/29/10                                      |           |
| Saint Louis, MO 63179   |  |   |           |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                                    | As of the date you file, the claim i                         | is: Check all that apply                      |           |
| ■ Debtor 1 only   | ☐ Contingent   |   |           |
| Debtor 2 only   | ☐ Unliquidated   |   |           |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |           |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |           |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |           |
| debt Is the claim subject to offset?  | Obligations arising out of a sepa report as priority claims  | aration agreement or divorce that you did not |           |
| ■ No  | Debts to pension or profit-sharin                            | g plans, and other similar debts              |           |
| Yes   | Other. Specify Check Cred                                    | dit Or Line Of Credit                         |           |
| Citibank Sears  | Last 4 digits of account number                              | 4307  | \$0.0     |
| Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bankrup                                    | When was the debt incurred?                                  | Opened 08/98 Last Active 12/31/98             |           |
| Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i                         | is: Check all that apply                      |           |
| ■ Debtor 1 only   | ☐ Contingent   |   |           |
| Debtor 2 only   | ☐ Unliquidated   |   |           |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |           |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |           |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |           |
| debt  |  | ration agreement or divorce that you did not  |           |
| Is the claim subject to offset?   | report as priority claims                                    |   |           |
| Is the claim subject to offset?  ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts              |           |

Debtor 1 Yunuen Rubi Morales

Document Page 24 of 59
Case number (if know)

| Citibank/Best Buy   | Last 4 digits of account number                            | 5039   | \$0.00   |
|---|--|--|----------|
| Nonpriority Creditor's Name Centralized Bankruptcy/CitiCorp Credit S Po Box 790040 St Louis, MO 63179 | When was the debt incurred?                                | Opened 12/16/06 Last Active 10/27/09                               |          |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                                  | As of the date you file, the claim                         | is: Check all that apply   |          |
| Debtor 1 only   | ☐ Contingent   |  |          |
| Debtor 2 only   | ☐ Unliquidated   |  |          |
| Debtor 2 only  Debtor 1 and Debtor 2 only   | _ `  |  |          |
| ☐ At least one of the debtors and another   | ☐ Disputed  Type of NONPRIORITY unsecure                   | d claim:   |          |
|   | ☐ Student loans  |  |          |
| ☐ Check if this claim is for a community debt sthe claim subject to offset?                           | _  | aration agreement or divorce that you did not                      |          |
| No  | Debts to pension or profit-shari                           | ng plans, and other similar debts                                  |          |
| □ Yes   | ■ Other. Specify Charge Ac                                 |  |          |
| Citibank/The Home Depot   | Last 4 digits of account number                            | 3511   | \$930.00 |
| Nonpriority Creditor's Name   |  |  | Ψ000.00  |
| Citicorp Cr Srvs/Centralized  |  | Opened 12/14 Last Active   |          |
| Bankruptcy<br>Po Box 790040   | When was the debt incurred?                                | 02/16  |          |
| S Louis, MO 63129<br>Number Street City State Zlp Code  | As of the date you file, the claim                         | is: Check all that apply   |          |
| Who incurred the debt? Check one.   | • ,  | ,  |          |
| Debtor 1 only   | ☐ Contingent   |  |          |
| Debtor 2 only   | ☐ Unliquidated   |  |          |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:   |          |
| ☐ Check if this claim is for a community  | ☐ Student loans  |  |          |
| debt<br>s the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not                      |          |
| No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts                                  |          |
| ☐ Yes   | Other. Specify Charge Ac                                   | count  |          |
| Citimortgage Inc  | Last 4 digits of account number                            | 4646   | \$0.00   |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 6423  | When was the debt incurred?                                | Opened 6/23/05 Last Active 10/07/10                                |          |
| Sioux Falls, SD 57117  Number Street City State Zlp Code  | As of the date you file, the claim                         | is: Check all that apply   |          |
| Who incurred the debt? Check one.   | _  |  |          |
| Debtor 1 only   | Contingent   |  |          |
| Debtor 2 only   | ☐ Unliquidated   |  |          |
| Debtor 1 and Debtor 2 only  | Disputed   | d claim:   |          |
| At least one of the debtors and another   | Type of NONPRIORITY unsecure  ☐ Student loans              | u Ciaiiii.   |          |
| ☐ Check if this claim is for a community debt sthe claim subject to offset?                           |  | aration agreement or divorce that you did not                      |          |
| No  | Debts to pension or profit-shari                           | ng plans, and other similar debts                                  |          |
| ⊒ Yes   | Real Estate  | e Mortgage; previous servicer of<br>n to Nationstar, identified in |          |

Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Case 16-26322 Page 25 of 59
Case number (if know) Document

Debtor 1 Yunuen Rubi Morales

| Comenity Bank/Carsons  | Last 4 digits of account number                              | 4085  | \$0.0     |
|--|--|---|-----------|
| Nonpriority Creditor's Name  | _  | Opened 12/14 Last Active                      |           |
| Po Box 182125<br>Columbus, OH 43218                                  | When was the debt incurred?                                  | 2/09/15                                       |           |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                         | is: Check all that apply                      |           |
| ■ Debtor 1 only  | ☐ Contingent   |   |           |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |           |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                      |           |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |           |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |           |
| No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |           |
| Yes  | ■ Other. Specify Charge Acc                                  | count   |           |
| Comenity Bank/Limited Too  | Last 4 digits of account number                              | 8590  | \$0.0     |
| Nonpriority Creditor's Name  |  | Opened 01/07 Last Active                      |           |
| Po Box 182125<br>Columbus, OH 43218                                  | When was the debt incurred?                                  | 12/06   |           |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                         | is: Check all that apply                      |           |
| ■ Debtor 1 only  | ☐ Contingent   |   |           |
| Debtor 2 only  | ☐ Unliquidated   |   |           |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                      |           |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |           |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |           |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |           |
| Yes  | Other. Specify Charge Acc                                    | count   |           |
| Comenity Bank/Pottery Barn   | Last 4 digits of account number                              | 4848  | \$4,927.0 |
| Nonpriority Creditor's Name  | _  | <del></del>                                   |           |
| Po Box 182125<br>Columbus, OH 43218                                  | When was the debt incurred?                                  | Opened 01/15 Last Active 02/16                |           |
| Number Street City State Zlp Code                                    | As of the date you file, the claim i                         | is: Check all that apply                      |           |
| Who incurred the debt? Check one.                                    |  |   |           |
| Debtor 1 only  | ☐ Contingent   |   |           |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |           |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                      |           |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |           |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |           |
| ■ No   | Debts to pension or profit-sharing                           |   |           |
| Yes  | ■ Other. Specify Charge Acc                                  | count   |           |

|        | Case 16-26322            | Doc 1  |                       |            | ed 08/16/16 16:49:<br>6 of 59    | 37 | Desc Main |
|--------|--------------------------|--------|-----------------------|------------|----------------------------------|----|-----------|
| Debtor | 1 Yunuen Rubi Morales    |        |                       | - e.ge =   | 6 of 59<br>Case number (if know) |    |           |
| 4.2    | Comenity Bank/Victoria S | Secret | Last 4 digits of acco | unt number | 5421                             |    |           |

| Comenity Bank/Victoria Secret  Nonpriority Creditor's Name           | Last 4 digits of account number  | 5421   | \$0.00  |  |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|--|
| Po Box 18215   | When was the debt incurred?  |  |   |  |  |  |  |  |  |
| Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim i   | is: Check all that apply   |   |  |  |  |  |  |  |
| Debtor 1 only  | ☐ Contingent   |  |   |  |  |  |  |  |  |
| Debtor 2 only  | ☐ Unliquidated   |  |   |  |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |   |  |  |  |  |  |  |
| $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured  | d claim:   |   |  |  |  |  |  |  |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |  |   |  |  |  |  |  |  |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not   |   |  |  |  |  |  |  |
| ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts   |   |  |  |  |  |  |  |
| Yes  | Other. Specify Charge Acc  | count  |   |  |  |  |  |  |  |
| Con Fin Svc  | Last 4 digits of account number  | 0201   | \$0.00  |  |  |  |  |  |  |
| 3849 N Cicero Ave  | When was the debt incurred?  | Opened 12/14/10 Last Active 2/13/12  |   |  |  |  |  |  |  |
| Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim i   | is: Check all that apply   |   |  |  |  |  |  |  |
| Debtor 1 only  | ☐ Contingent   |  |   |  |  |  |  |  |  |
| Debtor 2 only  | ☐ Unliquidated   |  |   |  |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |   |  |  |  |  |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured  | d claim:   |   |  |  |  |  |  |  |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |  |   |  |  |  |  |  |  |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not   |   |  |  |  |  |  |  |
| ■ No   | Debts to pension or profit-sharing   |  |   |  |  |  |  |  |  |
| Yes  | Other. Specify Installment   | Sales Contract   |   |  |  |  |  |  |  |
| Crosscom, Inc.   | Last 4 digits of account number  | well   | Unknown   |  |  |  |  |  |  |
| 528 W. Roosevelt Road  | When was the debt incurred?  | prior to 2016  |   |  |  |  |  |  |  |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i   |  |   |  |  |  |  |  |  |
| Debtor 1 only  | ☐ Contingent   |  |   |  |  |  |  |  |  |
| Debtor 2 only  |  |  |   |  |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Debtor 1 and Debtor 2 only ☐ Disputed  |  |   |  |  |  |  |  |  |
| ☐ At least one of the debtors and another                            | d claim:   |  |   |  |  |  |  |  |  |
| $\square$ Check if this claim is for a community                     | Student loans  |  |   |  |  |  |  |  |  |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not   |   |  |  |  |  |  |  |
| ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts   |   |  |  |  |  |  |  |
| Yes  | ■ Other. Specify on real esta  | ntractor; for services performed ate in Schedule A   |   |  |  |  |  |  |  |
|  | Nonpriority Creditor's Name  Po Box 18215 Columbus, OH 43218  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes  Con Fin Svc Nonpriority Creditor's Name  3849 N Cicero Ave Chicago, IL 60641  Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Crosscom, Inc. Nonpriority Creditor's Name 528 W. Roosevelt Road Wheaton, IL 60187  Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Anosevelt Road Wheaton, IL 60187  Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | Nonpriority Creditor's Name  Po Box 18215 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one.  ■ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Yes  Con Fin Svc Nonpriority Creditor's Name  3849 N Cicero Ave Chicago, IL 60641 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 and Debtor 2 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Debtor 1 only □ Debtor 3 only □ Contingent □ Student loans □ Obligations arising out of a separeport as priority claims □ Debts to pension or profit-sharin □ Check if this claim is for a community debt Is the claim subject to offset? □ Debtor 1 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes  Crosscom, Inc. Nonpriority Creditor's Name 528 W. Roosevelt Road Wheaton, IL 60187 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Contingent □ Check if this claim is for a community debt Is the claim subject to offset? ■ No  Crosscom, Inc. ■ Debtor 1 only □ Contingent □ Check if this claim is for a community debt Is the claim subject to offset? ■ Debtor 1 only □ Contingent □ Check if this claim is for a community debt Is the claim subject to offset? ■ Debtor 1 only □ Contingent □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject | Nonpriority Creditor's Name   Po Box 18215   Columbus, OH 43218   Number Street City State Zip Code   When was the debt incurred? |  |  |  |  |  |  |

Document Page 27 of 59 Debtor 1 Yunuen Rubi Morales Case number (if know) 4.2 \$0.00 **Dell Financial Services** 6924 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 03/05 Last Active Po Box 81577 When was the debt incurred? 11/15/10 Austin, TX 78708 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.2 **Discover Financial** 0816 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 04/00 Last Active Po Box 3025 When was the debt incurred? 5/20/07 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify 4.2 **Discover Financial** 2265 \$4,603.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 07/15 Last Active Po Box 3025 When was the debt incurred? 10/15 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

■ Other. Specify Credit Card

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Document Page 28 of 59 Debtor 1 Yunuen Rubi Morales Case number (if know) 4.2 \$0.00 Fifth Third Bank 8376 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 09/07 Last Active Attn: Bankruptcy 1850 East Paris Ave, Se When was the debt incurred? 2/23/12 Grand Rapds, MI 49546 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.2 **Paypal Credit** 6516 \$1,055.00 Last 4 digits of account number Nonpriority Creditor's Name POB 105658 When was the debt incurred? 1/2016 Atlanta, GA 30348 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify credit 4.2 Prosper Marketplace Inc 4040 \$18.515.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 07/15 Last Active Po Box 396081 When was the debt incurred? 03/16 San Francisco, CA 94139 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No ☐ Yes

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

Unsecured Other, Specify

Document Page 29 of 59 Debtor 1 Yunuen Rubi Morales Case number (if know) 4.2 \$0.00 Syncb/toysrus 1247 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn: Bankrupty Opened 10/13/14 Last Active Po Box 103104 When was the debt incurred? 4/21/15 Roswell, GA 30076 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.3 Synchrony Bank/Amazon 8555 \$2,009.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 06/14 Last Active Po Box 965064 When was the debt incurred? 12/15 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.3 Synchrony Bank/Gap 3645 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 1/26/07 Last Active Po Box 965064 When was the debt incurred? 1/19/10 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

debt

■ No

☐ Yes

■ Other. Specify Charge Account

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

| 00001020022 0001   | Document Page 3  | 0 of 59  | A11 1  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| or 1 Yunuen Rubi Morales   |  | Case number (if know)  |  |  |  |  |  |
| Synchrony Bank/Sams Club   | Last 4 digits of account number  | 3385   | \$0.00   |  |  |  |  |
| Nonpriority Creditor's Name Po Box 965064 Orlando, FL 32896          | When was the debt incurred?  | Opened 9/18/05 Last Active 2/24/12   |  |  |  |  |  |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply   |  |  |  |  |  |
| Debtor 1 only  | ☐ Contingent   |  |  |  |  |  |  |
| Debtor 2 only  | ☐ Unliquidated   |  |  |  |  |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |  |  |  |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured  | d claim:   |  |  |  |  |  |
| ☐ Check if this claim is for a community debt                        | ☐ Student loans ☐ Obligations arising out of a sepa  | aration agreement or divorce that you did not  |  |  |  |  |  |
| Is the claim subject to offset?                                      | report as priority claims  | •  |  |  |  |  |  |
| ■ No   | Debts to pension or profit-sharing   | ng plans, and other similar debts  |  |  |  |  |  |
| Yes  | Other. Specify Credit Card   | <u> </u>   |  |  |  |  |  |
| Synchrony Bank/TJX   | Last 4 digits of account number  | 2922   | \$0.00   |  |  |  |  |
| Nonpriority Creditor's Name  | _  |  |  |  |  |  |  |
| Po Box 965064<br>Orlando, FL 32896                                   | When was the debt incurred?  | Opened 2/27/15 Last Active 5/04/15   |  |  |  |  |  |
| Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply   |  |  |  |  |  |
| Debtor 1 only  | ☐ Contingent   |  |  |  |  |  |  |
| Debtor 2 only  | ☐ Unliquidated   |  |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |  |  |  |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured  | d claim:   |  |  |  |  |  |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |  |  |  |  |  |  |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not  |  |  |  |  |  |
| ■ No   | Debts to pension or profit-sharing   | ng plans, and other similar debts  |  |  |  |  |  |
| Yes  | ■ Other. Specify Charge Acc  | count  |  |  |  |  |  |
| Target   | Last 4 digits of account number  | 0555   | \$0.00   |  |  |  |  |
| Nonpriority Creditor's Name  |  |  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |
| Po Box 673<br>Minneapolis, MN 55440                                  | When was the debt incurred?  | Opened 01/02 Last Active 5/21/03   |  |  |  |  |  |
| Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply   |  |  |  |  |  |
| ■ Debtor 1 only  | ☐ Contingent   |  |  |  |  |  |  |
| Debtor 2 only  | <del>-</del>   |  |  |  |  |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |  |  |  |  |  |
| ·  | ·  | d claim:   |  |  |  |  |  |
|  | ☐ Student loans  |  |  |  |  |  |  |
| debt   | Obligations arising out of a separation agreement or divorce that you did not  |  |  |  |  |  |  |
|  | Nonpriority Creditor's Name  Po Box 965064 Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Synchrony Bank/TJX Nonpriority Creditor's Name  Po Box 965064 Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Target Nonpriority Creditor's Name  Po Box 673 Minneapolis, MN 55440 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Anopriority Creditor's Name  Po Box 673 Minneapolis, MN 55440 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community | Synchrony Bank/Sams Club Nonpriority Creditor's Name  Po Box 965064 Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Last 4 digits of account number  Check if this claim is for a community debt Is the claim subject to offset?  Debtor 1 only Contingent Debts to pension or profit-sharin Check if this claim is for a community debt Is the claim subject to offset? Debts 1 and Debtor 2 only Nonpriority Creditor's Name Po Box 965064 Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 2 only Debtor 3 only Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharin Check if this claim is for a community debt Check if this claim is for a community debt Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only 10 only Debtor 9 only Debtor 1 only | Synchrony Bank/Sams Club Nonpriority Creditor's Name Po Boxy 865064 Orlando, FL 32896 Number Sireet City State 2 ploade Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Vas  Synchrony Bank/TJX Nonpriority Creditor's Name Po Boxy 865064 Orlando, FL 32896 Number Sireet City State 2 ploade Who incurred the debt? Check one.  Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset?  Synchrony Bank/TJX Nonpriority Creditor's Name Po Boxy 865064 Orlando, FL 32896  When was the debt incurred?  Synchrony Bank/TJX Nonpriority Creditor's Name Po Boxy 865064 Orlando, FL 32896  When was the debt incurred?  Synchrony Bank/TJX Nonpriority Creditor's Name Po Box 9765064 Orlando, FL 32896  When was the debt incurred?  Synchrony Bank/TJX Last 4 digits of account number  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only State claim sis for a community debt Is the claim subject to offset?  Nonpriority Creditor's Name Po Box 9765064 Orlando, FL 32896  Nonber Street City State 2 pc Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 person or porti-sharing plans, and other similar debts Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 4 only Debtor 5 onl |  |  |  |  |

## Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Credit Card

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ No

☐ Yes

report as priority claims

Is the claim subject to offset?

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 31 of 59

Debtor 1 Yunuen Rubi Morales

Case number (if know)

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | 1  | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|              |     |   |     | 1  | Total Claim |
| Total        | 6f. | Student loans   | 6f. | \$ | 0.00        |
| claims       |     |   |     |    |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. |   | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 48,125.00   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 48,125.00   |

|                     |                          | Восине            | 1 446 62 61 66 |  |
|---------------------|--------------------------|-------------------|----------------|--|
| Fill in this infor  | mation to identify your  | case:             |                |  |
| Debtor 1            | Yunuen Rubi Mo           | rales             |                |  |
|                     | First Name               | Middle Name       | Last Name      |  |
| Debtor 2            |                          |                   |                |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name      |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS    |  |
| Case number         |                          |                   |                |  |
| (if known)          |                          |                   |                |  |
|                     |                          |                   |                |  |

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number | whom you have the r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|---------------------|---|
| 2.1 |           |                              |  |                     |   |
|     | Name      |                              |  |                     |   |
|     | Number    | Street                       |  |                     | _                                       |
|     | City      |                              | State  | ZIP Code            |   |
| 2.2 |           |                              |  |                     |   |
|     | Name      |                              |  |                     |   |
|     | Number    | Street                       |  |                     |   |
|     | City      |                              | State  | ZIP Code            | _                                       |
| 2.3 | Oity      |                              | Olato  | 211 0000            |   |
|     | Name      |                              |  |                     | _                                       |
|     | Number    | Street                       |  |                     | _                                       |
|     | City      |                              | State  | ZIP Code            | <u> </u>                                |
| 2.4 | Oity      |                              | Olate  | Zii Gode            |   |
|     | Name      |                              |  |                     | _                                       |
|     | Number    | Street                       |  |                     | _                                       |
|     |           |                              |  |                     |   |
| 0.5 | City      |                              | State  | ZIP Code            |   |
| 2.5 | Name      |                              |  |                     | _                                       |
|     |           |                              |  |                     |   |
|     | Number    | Street                       |  |                     |   |
|     | City      |                              | State  | ZIP Code            |   |

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 33 of 59

|                                   |   | Docume   | ent Page 33 d   | or 59                             |   |
|-----------------------------------|---|--|---|-----------------------------------|---|
| Fill in this                      | information to identify your  | case:  |   |                                   |   |
| Debtor 1                          | Yunuen Rubi Moi   | ales   |   |                                   |   |
|                                   | First Name  | Middle Name  | Last Name   |                                   |   |
| Debtor 2<br>(Spouse if, filing    | g) First Name   | Middle Name  | Last Name   |                                   |   |
|                                   | -   |  |   |                                   |   |
| United State                      | es Bankruptcy Court for the:  | NORTHERN DISTRICT  | OF ILLINOIS   |                                   |   |
| Case numb                         | per   |  |   |                                   | ☐ Check if this is an amended filing                                |
|                                   | Form 106H   | alata va   |   |                                   | J   |
| <u>Scnea</u>                      | ule H: Your Cod   | eptors   |   |                                   | 12/15   |
| ■ No □ Yes  2. With               | in the last 8 years, have you   | lived in a community p   | roperty state or territor   | r <b>y?</b> (Community property s | tates and territories include                                       |
| ■ No. ( □ Yes.  3. In Coluin line | Go to line 3.  Did your spouse, former spourm 1, list all of your codebt 2 again as a codebtor only i | use, or legal equivalent live<br>ors. Do not include your<br>f that person is a guarar | e with you at the time?  spouse as a codebtorator or cosigner. Make | if your spouse is filing v        | vith you. List the person shown<br>creditor on Schedule D (Official |
|                                   | 106D), Schedule E/F (Official<br>Ilumn 2.   | Form 106E/F), or Sched   | lule G (Official Form 10  | 16G). Use Schedule D, Sc          | hedule E/F, or Schedule G to fill                                   |
| _                                 | Column 1: Your codebtor lame, Number, Street, City, State and Zl                                      | P Code   |   | Column 2: The credi               | tor to whom you owe the debt that apply:                            |
| 3.1                               |   |  |   | ☐ Schedule D, line                |   |
|                                   | Name  |  |   | ☐ Schedule E/F, line              |   |
|                                   |   |  |   | ☐ Schedule G, line                |   |
|                                   | Number Street<br>City   | State  | ZIP Code  | _                                 |   |
| 3.2                               |   |  |   | ☐ Schedule D, line                |   |
|                                   | Name  |  |   | Schedule E/F, line                | <del></del>   |
|                                   |   |  |   | ☐ Schedule G, line                |   |
|                                   | Number Street   |  |   |                                   |   |
|                                   | City  | State  | ZIP Code  |                                   |   |

# Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 34 of 59

| Fill                | in this information to ic                                      | lentify your ca                             | ise:   |   |           |      |           |                         |                          |                                  |         |
|---------------------|--|---|--|---|-----------|------|-----------|-------------------------|--------------------------|----------------------------------|---------|
| Del                 | btor 1 Y   | unuen Rub                                   | i Morales  |   |           | _    |           |                         |                          |                                  |         |
|                     | btor 2   |   |  |   |           | _    |           |                         |                          |                                  |         |
| Uni                 | ited States Bankruptcy   | Court for the:                              | NORTHERN DISTRIC   | CT OF ILLINOIS                                      |           |      |           |                         |                          |                                  |         |
|                     | se number<br>nown)   |   |  |   |           |      |           |                         | ed filing<br>ent showing | g postpetition<br>ollowing date: |         |
| 0                   | fficial Form 1   | 06I   |  |   |           |      | Ī         | MM / DD/ \              | /VVV                     | -                                |         |
|                     | chedule I: Yo  |   | ome  |   |           |      | ľ         | י /טט / ואווא           | 1111                     |                                  | 12/15   |
| spo<br>atta         | rt 1: Describe E  Fill in your employr                         | ated and you<br>o this form. (<br>mployment | are married and not filii<br>r spouse is not filing wi<br>On the top of any additi | th you, do not inclu                                | ude infor | mati | on abou   | t your spo<br>umber (if | ouse. If mo<br>known). A | ore space is                     | needed, |
|                     | information.   | :-b   |  |   |           |      |           | □ Empl                  |                          | ing spouse                       |         |
|                     | If you have more tha attach a separate pa information about ad | ge with                                     | Employment status  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |           |      |           | •                       | mployed                  |                                  |         |
|                     | employers.   |   | Occupation   | Bookkeeper  |           |      |           |                         |                          |                                  |         |
|                     | Include part-time, se<br>self-employed work.                   | asonal, or                                  | Employer's name  | Softer Lite Win                                     | dow Co    |      |           |                         |                          |                                  |         |
|                     | Occupation may include or homemaker, if it a                   |   | Employer's address   | 5800 North Nor<br>Chicago, IL 606                   |           | Higl | nway      |                         |                          |                                  |         |
| De                  | Chus Datail  | a Abaut Mau                                 | How long employed to   | here? <u>2 1/2 y</u>                                | ears      |      |           | _                       |                          |                                  |         |
| <b>Esti</b><br>spoi | imate monthly income<br>use unless you are sep                 | earated.<br>ouse have mo                    | ate you file this form. If   | ,   | ·         |      | oyers for | that perso              | on on the li             | nes below. If                    | J       |
|                     |  |   |  |   |           |      | For De    | otor 1                  |                          | btor 2 or<br>ng spouse           |         |
| 2.                  | , ,  | •   | ry, and commissions (be<br>calculate what the monthl                               | , ,   | 2.        | \$   | 2         | 2,415.00                | \$                       | N/A                              |         |
| 3.                  | Estimate and list m  | onthly overti                               | me pay.  |   | 3.        | +\$  |           | 0.00                    | +\$                      | N/A                              |         |
| 4.                  | Calculate gross Inc  | ome. Add lin                                | e 2 + line 3.  |   | 4.        | \$   | 2,4       | 15.00                   | \$                       | N/A                              |         |

# Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 35 of 59

| Deb | tor 1         | Yunuen Rubi Morales  | -        |           | Case       | e number (if known) |             |        |                 |                 |
|-----|---------------|--|----------|-----------|------------|---------------------|-------------|--------|-----------------|-----------------|
|     |               |  |          |           | Fo         | r Debtor 1          |             | Debtor | 2 or spouse     |                 |
|     | Сор           | y line 4 here  | 4.       |           | \$_        | 2,415.00            | \$          | ııg c  | N/A             | _               |
| 5.  | List          | all payroll deductions:  |          |           |            |                     |             |        |                 |                 |
| ٥.  | 5a.           | Tax, Medicare, and Social Security deductions  | 58       | 2         | \$         | 350.00              | \$          |        | N/A             |                 |
|     | 5b.           | Mandatory contributions for retirement plans   |          | а.<br>b.  | \$<br>\$   | 0.00                | \$—         |        | N/A             | _               |
|     | 5c.           | Voluntary contributions for retirement plans   | 50       |           | \$-        | 0.00                | \$-         |        | N/A             | _               |
|     | 5d.           | Required repayments of retirement fund loans   |          | d.        | \$         | 0.00                | \$          |        | N/A             | _               |
|     | 5e.           | Insurance  | 56       |           | \$         | 0.00                | \$_         |        | N/A             | _               |
|     | 5f.           | Domestic support obligations   | 5f       |           | \$-        | 0.00                | \$-         |        | N/A             | _               |
|     | 5g.           | Union dues   | 50       |           | \$         | 0.00                | \$          |        | N/A             | _               |
|     | 5h.           | Other deductions. Specify:   |          | э.<br>h.+ | . –        | 0.00                | + \$        |        | N/A             | _               |
| 6.  |               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | _     6. |           | \$         | 350.00              | \$          |        | N/A             | -               |
|     |               |  |          |           | · –        |                     | · —         |        |                 | -               |
| 7.  |               | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       |           | \$_        | 2,065.00            | \$          |        | N/A             | =               |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |          |           |            |                     |             |        |                 |                 |
|     |               | monthly net income.  |          | a.        | \$_        | 0.00                | \$          |        | N/A             | _               |
|     | 8b.           | Interest and dividends   | 81       | b.        | \$_        | 0.00                | \$          |        | N/A             | _               |
|     | 8c.<br>8d.    | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  | 80       | c.<br>d.  | \$_<br>\$  | 0.00                | \$          |        | N/A<br>N/A      | _               |
|     | 8e.           | Social Security  | 86       |           | \$<br>\$   | 0.00                | <b>\$</b> — |        | N/A<br>N/A      | _               |
|     | 8f.<br>8g.    | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Link card benefits  Pension or retirement income |          | f.        | \$_<br>\$_ | 300.00              | \$<br>\$    |        | N/A<br>N/A      | -               |
|     | 8h.           | Other monthly income. Specify:   |          | 9.<br>h.+ | · -        |                     | + \$ —      |        | N/A             | _               |
|     |               |  |          | Г         |            | 0.00                |             |        | 14,71           | -               |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       |           | \$_        | 300.00              | \$          |        | N/A             | A               |
| 10. | Cald          | culate monthly income. Add line 7 + line 9.  | 10.      | \$        |            | 2,365.00 + \$       |             | N/A    | = \$            | 2,365.00        |
|     |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |          | -         |            | 2,000.00            |             | 14/7   |                 | 2,000.00        |
| 11. | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:  | dep      |           |            |                     | ,           |        | e J.<br>+\$     | 0.00            |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain ies   |          |           |            |                     |             | 12.    | \$              | 2,365.00        |
| 13. | Doy           | ou expect an increase or decrease within the year after you file this form   | ?        |           |            |                     |             |        | Combi<br>monthl | ned<br>y income |
|     |               | No.  |          |           |            |                     |             |        |                 |                 |

Official Form 106I Schedule I: Your Income page 2

| Fill  | in this information to identify your case:  |   |              |                   |   |
|-------|---|---|--------------|-------------------|---|
| Del   | otor 1 Yunuen Rubi Morales  |   | Chec         | k if this is:     |   |
| Dal   | otor 2  |   | _            | An amended filing |   |
|       | ouse, if filing)  |   |              |                   | ving postpetition chapter the following date: |
| Uni   | ited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLING   | OIS                                     | 1            | MM / DD / YYYY    |   |
| Cas   | se number   |   |              |                   |   |
| (If k | known)  |   |              |                   |   |
| 0     | fficial Form 106J   |   |              |                   |   |
| S     | chedule J: Your Expenses  |   |              |                   | 12/15   |
| inf   | as complete and accurate as possible. If two married people ar<br>ormation. If more space is needed, attach another sheet to this<br>mber (if known). Answer every question.              |   |              |                   |   |
| Pai   | rt 1: Describe Your Household Is this a joint case?   |   |              |                   |   |
|       | ■ No. Go to line 2.  □ Yes. Does Debtor 2 live in a separate household?   |   |              |                   |   |
|       | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses   | for Caparata Hayaal                     | hold of Dobt | or 2              |   |
| _     |   | ior Separate Houser                     | TOTA OF DEDI | OI 2.             |   |
| 2.    | Do you have dependents? ☐ No  |   |              |                   |   |
|       | Do not list Debtor 1 and Debtor 2.   Yes. Fill out this information for each dependent  | Dependent's relation Debtor 1 or Debtor |              | Dependent's age   | Does dependent live with you?                 |
|       | Do not state the  | _                                       |              |                   | □ No  |
|       | dependents names.   | Son                                     |              | 12                | ■ Yes<br>□ No                                 |
|       |   | Daughter                                |              | 17                | ■ Yes   |
|       |   |   |              |                   | □ No  |
|       |   |   |              |                   | ☐ Yes   |
|       |   |   |              |                   | □ No  |
| 3.    | Do your expenses include  |   |              |                   | ☐ Yes   |
| 0.    | expenses of people other than yourself and your dependents?   |   |              |                   |   |
| Es    | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless ypenses as of a date after the bankruptcy is filed. If this is a supp plicable date. |   |              |                   |   |
| the   | clude expenses paid for with non-cash government assistance if evalue of such assistance and have included it on <i>Schedule I: Y</i>   |   |              | Vaur avm          |   |
| (Oi   | fficial Form 106l.)   |   |              | Your exp          | enses   |
| 4.    | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.   | nclude first mortgage                   | 4. \$        |                   | 1,150.00                                      |
|       | If not included in line 4:  |   |              |                   |   |
|       | 4a. Real estate taxes   |   | 4a. \$       |                   | 0.00  |
|       | 4b. Property, homeowner's, or renter's insurance  |   | 4b. \$       |                   | 0.00  |
|       | 4c. Home maintenance, repair, and upkeep expenses   |   | 4c. \$       |                   | 0.00  |
| 5     | 4d. Homeowner's association or condominium dues  Additional mortgage payments for your residence, such as hor   | me equity loans                         | 4d. \$       |                   | 0.00  |

# Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 37 of 59

| Debtor        | 1 Yunuen Rubi Morales   | Case num | ber (if known)   |                            |
|---------------|---|----------|------------------|----------------------------|
| 6. <b>U</b> 1 | ilities:  |          |                  |                            |
| 6. <b>U</b> i |   | 6a.      | \$               | 175.00                     |
| 6b            | •   | 6b.      | · -              | 55.00                      |
| 60            |   | 6c.      |                  | 190.00                     |
| 60            | Other Charles F10-4   | 6d.      | · -              | 40.00                      |
|               | Pet Care  |          | \$               | 30.00                      |
| 7. <b>F</b> c | ood and housekeeping supplies   |          | \$               | 450.00                     |
|               | nildcare and children's education costs   | 8.       | \$               | 50.00                      |
| -             | othing, laundry, and dry cleaning   | 9.       | ·                | 90.00                      |
|               | ersonal care products and services  | 10.      |                  | 20.00                      |
|               | edical and dental expenses  | 11.      |                  | 15.00                      |
|               | ansportation. Include gas, maintenance, bus or train fare.  | 11.      | Ψ                | 13.00                      |
|               | o not include car payments.   | 12.      | \$               | 85.00                      |
|               | ntertainment, clubs, recreation, newspapers, magazines, and books   | 13.      | \$               | 10.00                      |
|               | naritable contributions and religious donations   | 14.      |                  | 0.00                       |
|               | surance.  |          | ·                |                            |
| -             | o not include insurance deducted from your pay or included in lines 4 or 20.  |          |                  |                            |
|               | ia. Life insurance  | 15a.     | \$               | 0.00                       |
| 15            | ib. Health insurance  | 15b.     | \$               | 0.00                       |
| 15            | ic. Vehicle insurance   | 15c.     | \$               | 0.00                       |
| 15            | id. Other insurance. Specify:   | 15d.     | \$               | 0.00                       |
| 6. <b>T</b> a | exes. Do not include taxes deducted from your pay or included in lines 4 or 20.   |          |                  |                            |
|               | pecify:   | 16.      | \$               | 0.00                       |
| 7. <b>In</b>  | stallment or lease payments:  |          |                  |                            |
| 17            | 'a. Car payments for Vehicle 1  | 17a.     | \$               | 0.00                       |
| 17            | b. Car payments for Vehicle 2   | 17b.     | \$               | 0.00                       |
| 17            | c. Other. Specify:  | 17c.     | \$               | 0.00                       |
| 17            | 'd. Other. Specify:   | 17d.     | \$               | 0.00                       |
| 3. <b>Y</b> o | our payments of alimony, maintenance, and support that you did not report as  |          |                  |                            |
|               | educted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.      |                  | 0.00                       |
| ). <b>O</b> 1 | ther payments you make to support others who do not live with you.  |          | \$               | 0.00                       |
|               | pecify:   | 19.      |                  |                            |
|               | ther real property expenses not included in lines 4 or 5 of this form or on Sche  |          |                  |                            |
|               | a. Mortgages on other property  | 20a.     | ·                | 0.00                       |
|               | b. Real estate taxes  | 20b.     |                  | 0.00                       |
|               | c. Property, homeowner's, or renter's insurance   | 20c.     |                  | 0.00                       |
|               | d. Maintenance, repair, and upkeep expenses   | 20d.     |                  | 0.00                       |
| 20            | e. Homeowner's association or condominium dues  | 20e.     | \$               | 0.00                       |
| 1. <b>O</b> 1 | ther: Specify:  | 21.      | +\$              | 0.00                       |
| 2 C           | alculate your monthly expenses  |          |                  |                            |
|               | ta. Add lines 4 through 21.   |          | \$               | 2,360.00                   |
|               | tb. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |          | \$               | 2,300.00                   |
|               |   |          |                  |                            |
| 22            | c. Add line 22a and 22b. The result is your monthly expenses.   |          | \$               | 2,360.00                   |
| 3. <b>C</b> a | alculate your monthly net income.   |          |                  |                            |
|               | Ba. Copy line 12 (your combined monthly income) from Schedule I.  | 23a.     | \$               | 2,365.00                   |
|               | Bb. Copy your monthly expenses from line 22c above.   | 23b.     | ·                | 2,360.00                   |
|               | 100   |          |                  |                            |
| 23            | c. Subtract your monthly expenses from your monthly income.   |          |                  | =                          |
|               | The result is your monthly net income.  | 23c.     | \$               | 5.00                       |
|               |   |          | _                |                            |
|               | you expect an increase or decrease in your expenses within the year after yo  |          |                  |                            |
|               | or example, do you expect to finish paying for your car loan within the year or do you expect your<br>polification to the terms of your mortgage? | mortgage | payment to incre | ase or decrease because of |
| _             |   |          |                  |                            |
|               | No.   |          |                  |                            |
|               | Yes Explain here:   |          |                  |                            |

# Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 38 of 59

| Fill in this infor                                      | mation to identify your   | c350:   |                              |  |
|---|---|---|------------------------------|--|
|   |   |   |                              |  |
| Debtor 1  | Yunuen Rubi Mor   | Middle Name   | Last Name                    |  |
| Debtor 2  | · not riamo   | madio Name  | Zaot Hamo                    |  |
| (Spouse if, filing)                                     | First Name  | Middle Name   | Last Name                    |  |
| United States Ba  | ankruptcy Court for the:  | NORTHERN DISTRICT                                   | OF ILLINOIS                  |  |
| Case number   |   |   |                              | - 0  |
| (if known)  |   |   |                              | ☐ Check if this is an amended filing   |
| You must file th<br>obtaining mone<br>years, or both. 1 | is form whenever you fi<br>y or property by fraud in<br>18 U.S.C. §§ 152, 1341, 1 | le bankruptcy schedules<br>n connection with a banl |                              | ct information.  Making a false statement, concealing property, or fines up to \$250,000, or imprisonment for up to 20 |
| Sig   | ın Below  |   |                              |  |
| Did you pa  | ay or agree to pay some   | one who is NOT an attor                             | ney to help you fill out bar | nkruptcy forms?  |
| ■ No  |   |   |                              |  |
| ☐ Yes.  | Name of person  |   |                              | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)                           |
|   | alty of perjury, I declare<br>re true and correct.                                | that I have read the sum                            | mary and schedules filed v   | with this declaration and  |
| X /s/ Yui   | nuen Rubi Morales   |   | X                            |  |
| Yunue   | en Rubi Morales<br>ure of Debtor 1  |   | Signature of De              | ebtor 2  |
| Date  | August 16, 2016   |   | Date                         |  |
|   |   |   |                              |  |

# Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 39 of 59

| Fil               | l in this inforn  | nation to identify your                    |  |            |  |   |   |
|-------------------|---|--|--|------------|--|---|---|
| De                | btor 1  | Yunuen Rubi Mo                             | Middle Name                                |            | Last Name                                    |   |   |
| De                | btor 2  |  | imade riame                                |            | Zastriame                                    |   |   |
| (Sp               | ouse if, filing)  | First Name                                 | Middle Name                                |            | Last Name                                    |   |   |
| Un                | ited States Ba  | nkruptcy Court for the:                    | NORTHERN DISTRICT                          | OF ILLI    | NOIS   |   |   |
|                   | se number _   |  |  |            |  | _   | Check if this is an mended filing                     |
| St                |   | of Financial                               | Affairs for Indiv                          |            |  | ankruptcy   | 4/16  |
| nfc               | rmation. If m   |  | attach a separate sheet to                 |            |  | y additional pages, write you                                   |   |
| Pa                | rt 1: Give D  | etails About Your Ma                       | rital Status and Where Yo                  | ou Lived   | Before                                       |   |   |
| 1.                | What is you   | current marital statu                      | s?   |            |  |   |   |
|                   | <ul><li>■ Married</li><li>□ Not mar</li></ul>   | ried                                       |  |            |  |   |   |
| 2.                | During the I  | ast 3 years have you                       | lived anywhere other that                  | n where    | you live now?                                |   |   |
|                   | During the it   | ist 5 years, nave you                      | iived arrywriere other than                | ii wiicic  | you live now :                               |   |   |
|                   | ■ No □ Yes. Lis   | t all of the places you li                 | ived in the last 3 years. Do               | not inclu  | de where you live now                        | <i>i</i> .  |   |
|                   | Debtor 1 Pr   | ior Address:                               | Dates Debtor lived there                   | 1          | Debtor 2 Prior Ac                            | dress:  | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>stat |   |  |  |            |  | ity property state or territory<br>ico, Texas, Washington and W |   |
|                   | ■ No □ Yes, Ma  | ke sure vou fill out <i>Sch</i>            | nedule H: Your Codebtors (                 | Official F | orm 106H).                                   |   |   |
|                   |   |  | (  | •o.a       | J 1951.j.                                    |   |   |
| Pa                | rt 2 Explai   | n the Sources of You                       | r Income                                   |            |  |   |   |
| 4.                | Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. |  |  |            |  |   |   |
|                   | □ No  |  |  |            |  |   |   |
|                   | Yes. Fill   | in the details.                            |  |            |  |   |   |
|                   |   |  | Debtor 1                                   |            |  | Debtor 2  |   |
|                   |   |  | Sources of income<br>Check all that apply. | (bef       | ss income<br>fore deductions and<br>lusions) | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|                   |   | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips        |            | \$18,112.00                                  | ☐ Wages, commissions, bonuses, tips                             |   |
|                   |   |  | ☐ Operating a business                     |            |  | ☐ Operating a business  |   |

Official Form 107

Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Case 16-26322 Document

Page 40 of 59
Case number (if known) Debtor 1 Yunuen Rubi Morales

|    |                                |  |   | Debtor 1  |  | Debtor 2  |   |   |
|----|--------------------------------|--|---|---|--|---|---|---|
|    |                                |  |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)  | Sources of inc  |   | Gross income<br>(before deductions<br>and exclusions) |
|    | r last caler<br>anuary 1 to    | ndar year:<br>December                   | 31, 2015 )  | ■ Wages, commissions, bonuses, tips   | \$27,212.00  | ☐ Wages, com<br>bonuses, tips                                     | nmissions,                                    |   |
|    |                                |  |   | ☐ Operating a business  |  | ☐ Operating a   | business                                      |   |
|    |                                | dar year be<br>December                  |   | ■ Wages, commissions, bonuses, tips   | \$25,748.00  | ☐ Wages, combonuses, tips   | nmissions,                                    |   |
|    |                                |  |   | ☐ Operating a business  |  | ☐ Operating a   | business                                      |   |
|    | and other winnings.  List each | public benef<br>If you are fili          | fit payments;<br>ng a joint cas<br>he gross inco  | ner that income is taxable. Expensions; rental income; inteste and you have income that to me from each source separate.        | rest; dividends; money collect<br>you received together, list it o   | cted from lawsuits;<br>only once under D                          | royalties; an<br>ebtor 1.                     |   |
|    |                                |  |   | Debtor 1  |  | Debtor 2  |   |   |
|    |                                |  |   | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions)  | Sources of inc<br>Describe below                                  |   | Gross income<br>(before deductions<br>and exclusions) |
| Pa | rt 3: Lis                      | t Certain Pa                             | vments You  | Made Before You Filed for   | Bankruptcv   |   |   |   |
| 6. | □ No.                          | Neither De individual puring the No. Yes | ebtor 1 nor E<br>primarily for a<br>90 days befor<br>Go to line 7<br>List below of<br>paid that cr<br>not include<br>to adjustmen | each creditor to whom you pa<br>editor. Do not include paymer<br>payments to an attorney for t<br>t on 4/01/19 and every 3 year | umer debts. Consumer debtald purpose."  id you pay any creditor a total  id a total of \$6,425* or more  ints for domestic support oblighis bankruptcy case.  is after that for cases filed on | al of \$6,425* or mo<br>in one or more pay<br>gations, such as ch | re?<br>yments and the                         | ne total amount you<br>nd alimony. Also, do           |
|    | Yes.                           |  |   | or both have primarily consure you filed for bankruptcy, d  |  | al of \$600 or more?  | ?   |   |
|    |                                | □ No.<br>■ Yes                           | include pay   | each creditor to whom you pa<br>rements for domestic support o<br>this bankruptcy case.   |  |   |   |   |
|    | Creditor                       | 's Name and                              | d Address   | Dates of payme  | ent Total amount paid  | Amount you still owe  | Was this p                                    | payment for   |
|    | Current                        | t on mortg                               | age payme   | nt(s) Current on<br>Schedule "D"<br>mortgage.   | \$0.00   | \$0.00  | ☐ Mortgag ☐ Car ☐ Credit 0 ☐ Loan R ☐ Supplie | Card  |

☐ Other\_\_

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 41 of 59

| Deb  | otor 1           | Yunuen Rubi Morales   | Document   | Page 41 of 59                                      | e number ( <i>if known</i> )                         |                                |   |
|------|------------------|---|--|--|--|--------------------------------|---|
|      | Inside<br>of whi | n 1 year before you filed for bankruptcers include your relatives; any general parch you are an officer, director, person in oness you operate as a sole proprietor. 11 ny. | tners; relatives of any ge<br>control, or owner of 20% | eneral partners; partne<br>or more of their voting | erships of which you<br>g securities; and an         | are a general y managing a     | al partner; corporations agent, including one for |
|      |                  | No /es. List all payments to an insider. ler's Name and Address   | Dates of payment                                       | Total amount                                       | Amount you   | Reason for                     | this payment                                      |
|      | inside<br>Includ | e payments on debts guaranteed or cosi  |  | paid<br>syments or transfer a                      | still owe  | count of a d                   | ebt that benefited an                             |
|      |                  | er's Name and Address   | Dates of payment                                       | Total amount paid                                  | Amount you still owe                                 | Reason for<br>Include cred     | this payment<br>litor's name                      |
| Part | t 4:             | Identify Legal Actions, Repossession  | s, and Foreclosures                                    |  |  |                                |   |
|      | List al modifi   | n 1 year before you filed for bankruptc I such matters, including personal injury ocations, and contract disputes. No Yes. Fill in the details.                             | y, were you a party in a<br>cases, small claims actio  | any lawsuit, court act                             | t <b>ion, or administra</b><br>n suits, paternity ac | ative proceed<br>tions, suppor | ding?<br>t or custody                             |
|      | Case             | e title<br>e number   | Nature of the case                                     | Court or agency                                    |  | Status of th                   | ne case   |
|      | Mora             | cover Bank v.Yunuen Rubi<br>ales<br>3 M1 116298   | Collection Matter                                      | Clerk of Circuit<br>Cook County<br>IL              | Court of   | Pending On appe                | eal   |
|      | Check            | n 1 year before you filed for bankruptc<br>call that apply and fill in the details below<br>No. Go to line 11.<br>Yes. Fill in the information below.                       |  | perty repossessed, fo                              | oreclosed, garnisl                                   | ned, attached                  | d, seized, or levied?                             |
|      | Cred             | itor Name and Address   | Describe the Property  Explain what happene            |  | Date   |                                | Value of the property                             |
|      | accou            | n 90 days before you filed for bankrup<br>unts or refuse to make a payment beca<br>No   |  | cluding a bank or fin                              | ancial institution,                                  | set off any a                  | amounts from your                                 |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Describe the action the creditor took

No

**Creditor Name and Address** 

☐ Yes

Amount

Date action was

taken

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main

Document Page 42 of 59 Debtor 1 Yunuen Rubi Morales Case number (if known) Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of transferred or transfer was Address payment **Email or website address** made Person Who Made the Payment, if Not You C. DEAN MATSAS & ASSOCIATES **Attorney Fees** 8-2-16 \$1,400.00 5153 N. BROADWAY CHICAGO, IL 60640 CDMATSAS@MATSASLAW.COM 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who

promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

No

☐ Yes Fill in the details.

Person Who Was Paid Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main

Page 43 of 59 Case number (if known) Document Debtor 1 Yunuen Rubi Morales

|   | Within 2 years before you filed for bankrupt transferred in the ordinary course of your beinclude both outright transfers and transfers molude gifts and transfers that you have alread No  Yes. Fill in the details.   | ousiness or financial aff<br>ade as security (such as                | airs?<br>the granting of a s                          |  |  |   |
|---|---|--|---|--|--|---|
|   | Person Who Received Transfer Address Person's relationship to you   | Description and property transfer                                    |   |  | any property or<br>received or debts<br>change | Date transfer was made                        |
|   | <ul> <li>19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar de beneficiary? (These are often called asset-protection devices.)</li> <li>■ No</li> <li>□ Yes. Fill in the details.</li> </ul> |  | ust or similar device o                               | of which you are a                             |  |   |
|   | Name of trust   | Description and  | value of the prop                                     | erty transferr                                 | ed   | Date Transfer was made                        |
| Part  | 8: List of Certain Financial Accounts, In   | struments Safe Denos   | it Boyes and Sto                                      | rage Units                                     |  | maac  |
| <ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your nat sold, moved, or transferred?         Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in b houses, pension funds, cooperatives, associations, and other financial institutions.         </li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   |  |   |  | , ,  |   |
|   | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)  | Last 4 digits of account number                                      | Type of accourant instrument                          | Type of account or instrument close move trans |  | Last balance<br>before closing or<br>transfer |
|   | Chase Bank  | XXXX-  | ☐ Checking ☐ Savings ☐ Money Mark ☐ Brokerage ☐ Other | joi  | osed in 5/2016;<br>int account<br>ith spouse.  | \$100.00                                      |
| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for secur cash, or other valuables?  No  |   |  |   | tory for securities,                           |  |   |
|   | Yes. Fill in the details.   |  |   |  |  |   |
|   | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, State and ZIP Code)             |   | Describe the                                   | contents                                       | Do you still have it?                         |
| 22.   | Have you stored property in a storage unit  | or place other than you  | r home within 1 y                                     | year before yo                                 | ou filed for bankruptc                         | y?  |
|   | ■ No □ Yes. Fill in the details.  |  |   |  |  |   |
|   | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |   | Describe the                                   | contents                                       | Do you still have it?                         |

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Page 44 of 59
Case number (if known) Document

Debtor 1 Yunuen Rubi Morales

| Par | t 9: Identify Property You Hold or Control for S  | omeone Else  |                |                           |                       |  |  |
|-----|---|--|----------------|---------------------------|-----------------------|--|--|
| 23. | Do you hold or control any property that someon for someone.  | e else owns? Include any proper  | ty you borrov  | wed from, are storing for | , or hold in trust    |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                |                           |                       |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)    | Describe the   | e property                | Value                 |  |  |
| Par | t 10: Give Details About Environmental Informat   | ion  |                |                           |                       |  |  |
| For | the purpose of Part 10, the following definitions a   | pply:  |                |                           |                       |  |  |
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |                |                           |                       |  |  |
|     | Site means any location, facility, or property as d to own, operate, or utilize it, including disposal s  | -  | aw, whether    | you now own, operate, o   | or utilize it or used |  |  |
|     | Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si   |  | waste, haza    | rdous substance, toxic s  | substance,            |  |  |
| Rep | ort all notices, releases, and proceedings that you   | ı know about, regardless of wher   | they occurre   | ed.                       |                       |  |  |
| 24. | Has any governmental unit notified you that you   | may be liable or potentially liable  | under or in v  | violation of an environme | ental law?            |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                |                           |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) |                | mental law, if you        | Date of notice        |  |  |
| 25. | Have you notified any governmental unit of any r  | elease of hazardous material?  |                |                           |                       |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                |                           |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) |                | mental law, if you        | Date of notice        |  |  |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.   |  |                |                           |                       |  |  |
|     | ■ No  |  |                |                           |                       |  |  |
|     | Yes. Fill in the details.   |  |                |                           |                       |  |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of th   | e case                    | Status of the case    |  |  |
| Par | t 11: Give Details About Your Business or Conn  | ections to Any Business  |                |                           |                       |  |  |
| 27. | Within 4 years before you filed for bankruptcy, di  | d you own a business or have an  | y of the follo | wing connections to any   | business?             |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   |  |                |                           |                       |  |  |
|     | ☐ A member of a limited liability company (   | LLC) or limited liability partnersh  | ip (LLP)       |                           |                       |  |  |
|     | ☐ A partner in a partnership  | • •  | •              |                           |                       |  |  |
|     | ☐ An officer, director, or managing executiv  | ve of a corporation  |                |                           |                       |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |  |                |                           |                       |  |  |

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 45 of 59 Case number (if known)

|             |                          | No. None of the above applies. Go to F   | Part 12.  |  |  |  |  |  |
|-------------|--------------------------|--|---|--|--|--|--|--|
|             |                          | Yes. Check all that apply above and fill in the details below for each business.   |   |  |  |  |  |  |
|             | Business Name<br>Address |  | Describe the nature of the business             | Employer Identification number<br>Do not include Social Security number or ITIN.                                   |  |  |  |  |
|             | (Nu                      | ımber, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper                | Dates business existed   |  |  |  |  |
| 28.         |                          | thin 2 years before you filed for bankrupt titutions, creditors, or other parties. | cy, did you give a financial statement to a     | nyone about your business? Include all financial   |  |  |  |  |
|             |                          | No<br>Yes. Fill in the details below.  |   |  |  |  |  |  |
|             | Ac                       | ame<br>Idress<br><sub>I</sub> mber, Street, City, State and ZIP Code)              | Date Issued                                     |  |  |  |  |  |
| Pai         | t 12                     | : Sign Below   |   |  |  |  |  |  |
| are<br>with | true<br>a b              | and correct. I understand that making a  |   | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both. |  |  |  |  |
|             | -                        | nuen Rubi Morales  | Signature of Debtor 2                           |  |  |  |  |  |
|             |                          | n Rubi Morales<br>ure of Debtor 1  | Signature of Deptor 2                           |  |  |  |  |  |
| Dat         | е_                       | August 16, 2016  | Date  |  |  |  |  |  |
| Did<br>■ N  | lo                       | attach additional pages to Your Stateme  | nt of Financial Affairs for Individuals Filin   | g for Bankruptcy (Official Form 107)?  |  |  |  |  |
| Did<br>■ N  | •                        | pay or agree to pay someone who is not   | an attorney to help you fill out bankrupto      | y forms?   |  |  |  |  |
|             | es.                      | Name of Person Attach the Bankru   | otcy Petition Preparer's Notice, Declaration, a | and Signature (Official Form 119).   |  |  |  |  |

# Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 46 of 59

| Fill in this inform                   | ation to identify your                         | case:               |  |                                      |
|---------------------------------------|--|---------------------|--|--------------------------------------|
| Debtor 1                              | Yunuen Rubi Mor                                | ales                |  |                                      |
|                                       | First Name                                     | Middle Name         | Last Name  |                                      |
| Debtor 2<br>(Spouse if, filing)       | First Name                                     | Middle Name         | Last Name  |                                      |
|                                       | kruptov Court for the                          |                     | TRICT OF ILLINOIS  |                                      |
| Officed States Barr                   | kruptcy Court for the:                         | NORTHERN DIST       | RICT OF ILLINOIS   |                                      |
| Case number                           |  |                     |  | <b>—</b> 0                           |
| (if known)                            |  |                     |  | ☐ Check if this is an amended filing |
|                                       |  |                     |  | amended ming                         |
| Official For                          | 100  |                     |  |                                      |
| Official For                          |  |                     |  | _                                    |
| Statemen                              | t of Intentio                                  | n for Indiv         | iduals Filing Under Chapto   | <b>er 7</b> 12/15                    |
| 16                                    | t de est Cilies es esse de medical             |                     | Land this farm W   |                                      |
|                                       | idual filing under cha<br>claims secured by yo |                     | out this form it:  |                                      |
| _                                     | d personal property a                          |                     | ot expired   |                                      |
| You must file this                    | form with the court w                          | ithin 30 days after | you file your bankruptcy petition or by the date s   |                                      |
| whichev<br>on the fo                  |  | e court extends the | e time for cause. You must also send copies to th  | ne creditors and lessors you list    |
|                                       |  |                     |  |                                      |
|                                       | ople are filing together<br>I date the form.   | in a joint case, bo | th are equally responsible for supplying correct i   | nformation. Both debtors must        |
|                                       | nd accurate as possib<br>ur name and case nur  |                     | needed, attach a separate sheet to this form. On   | the top of any additional pages,     |
| Part 1: List You                      | ur Creditors Who Have                          | e Secured Claims    |  |                                      |
|                                       |  |                     |  |                                      |
| 1. For any creditor information below | -  | art 1 of Schedule D | : Creditors Who Have Claims Secured by Propert   | y (Official Form 106D), fill in the  |
| Identify the cred                     | ditor and the property the                     | nat is collateral   | What do you intend to do with the property tha   |                                      |
|                                       |  |                     | secures a debt?  | as exempt on Schedule C?             |
|                                       |  |                     |  |                                      |
|                                       | tionstar Mortgage I                            | LLC                 | ☐ Surrender the property.  | □ No                                 |
| name:                                 |  |                     | Retain the property and redeem it.   | ■ Yes                                |
| Description of                        | 2249 North Lowell                              |                     | Retain the property and enter into a<br>Reaffirmation Agreement.                                       | <b>–</b> 165                         |
| property                              | 60639 Cook Coun                                | ty                  | ☐ Retain the property and [explain]:   |                                      |
| securing debt:                        |  |                     |  | _                                    |
| Part 2: List You                      | ur Unexpired Persona                           | I Property I eases  |  |                                      |
| For any unexpired                     | l personal property le                         | ase that you listed | in Schedule G: Executory Contracts and Unexpir   |                                      |
|                                       |  |                     | expired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p) |                                      |
| Describe your un                      | expired personal prop                          | perty leases        |  | Will the lease be assumed?           |
| La casa da casa a                     |  |                     |  | _                                    |
| Lessor's name:<br>Description of leas | sed  |                     |  | □ No                                 |
| Property:                             |  |                     |  | ☐ Yes                                |
|                                       |  |                     |  | _                                    |
| Lessor's name:<br>Description of leas | sed  |                     |  | □ No                                 |
| Property:                             | ,  |                     |  | ☐ Yes                                |
|                                       |  |                     |  |                                      |
| Lessor's name:                        |  |                     |  | □ No                                 |
|                                       |  |                     |  |                                      |

Official Form 108

# Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 47 of 59

| Deb                                  | otor 1                                    | Yunuen Rubi Morales   | Case number (if known)                                      |                              |
|--------------------------------------|---|---|---|------------------------------|
| Des                                  | scriptior                                 | of leased   |   |                              |
| Pro                                  | perty:                                    |   | 1   | ☐ Yes                        |
|                                      | sor's na                                  | ame:<br>of leased   | ı   | □ No                         |
|                                      | perty:                                    | Torreased   | ו   | □ Yes                        |
|                                      | sor's na                                  | ame:<br>of leased   | 1   | □ No                         |
|                                      | perty:                                    | i oi leaseu   | ]   | □ Yes                        |
| Lessor's name: Description of leased |   |   | 1   | □ No                         |
|                                      | perty:                                    | i oi ieaseu   | ]   | □ Yes                        |
|                                      | sor's na                                  |   | ı   | □ No                         |
|                                      | perty:                                    | of leased   | 1   | ☐ Yes                        |
| Par                                  | t 3:                                      | Sign Below  |   |                              |
|                                      |   | alty of perjury, I declare that I have indica<br>at is subject to an unexpired lease. | ated my intention about any property of my estate that secu | ures a debt and any personal |
| X                                    |   | unuen Rubi Morales  | x   |                              |
|                                      | Yunuen Rubi Morales Signature of Debtor 1 |   | Signature of Debtor 2                                       |                              |
|                                      | Date                                      | August 16, 2016   | Date  |                              |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | er 7: | Liquidation        |
|--------|-------|--------------------|
|        | \$245 | filing fee         |
|        | \$75  | administrative fee |
| +      | \$15  | trustee surcharge  |
|        | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Desc Main Document Page 52 of 59

B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court Northern District of Illinois

| In r  | Yunuen Rubi Morales   |   | Case No                                  |                      |                   |  |  |
|---|---|---|--|----------------------|-------------------|--|--|
|   |   | Debtor(s)   | Chapter                                  | 7                    |                   |  |  |
|   | DISCLOSURE OF COME  | PENSATION OF ATTOR  | NEY FOR D                                | EBTOR(S)             |                   |  |  |
| 1.  | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:   |   |  |                      |                   |  |  |
|   | For legal services, I have agreed to accept   |   | \$                                       | 1,400.00             |                   |  |  |
|   | Prior to the filing of this statement I have receiv   | red   | \$                                       | 0.00                 |                   |  |  |
|   |   |   |  | 1,400.00             |                   |  |  |
| 2.  | \$335.00 of the filing fee has been paid.   |   |  |                      |                   |  |  |
| 3.  | The source of the compensation paid to me was:  |   |  |                      |                   |  |  |
|   | ■ Debtor □ Other (specify):   |   |  |                      |                   |  |  |
| 4.  | The source of compensation to be paid to me is:   |   |  |                      |                   |  |  |
|   | ■ Debtor □ Other (specify):   |   |  |                      |                   |  |  |
| 5.  | ■ I have not agreed to share the above-disclosed co   | ompensation with any other person ur  | nless they are me                        | mbers and associate  | s of my law firm. |  |  |
|   | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the  |   |  |                      | y law firm. A     |  |  |
| 6.  | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |   |  |                      |                   |  |  |
|   | <ul><li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li><li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li><li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li><li>d. [Other provisions as needed]</li></ul> |   |  |                      |                   |  |  |
| 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service: |   |   |  |                      |                   |  |  |
|   |   | CERTIFICATION   |  |                      |                   |  |  |
| this  | I certify that the foregoing is a complete statement of bankruptcy proceeding.  | f any agreement or arrangement for p  | ayment to me for                         | representation of th | e debtor(s) in    |  |  |
|   | August 16, 2016   | /s/ C. DEAN MATS  | AS                                       |                      |                   |  |  |
| _   | Date  | C. DEAN MATSAS Signature of Attorney C. DEAN MATSAS 5153 N. BROADWA CHICAGO, IL 60640 773-907-9600 Fax: CDMATSAS@MATSAS | & ASSOCIATE<br>(Y<br>)<br>: 773-907-9609 |                      |                   |  |  |

## Case 16-26322 ADACHEMFILE dIOBANG/16A NHÁTE (1808/16/16/16/16/19:37 Desge Main 3 Document Page 53 of 59

This is a contract between the undersigned (Client) and C. Dean Matsas & Associates, P.C. (Law Office), a debt relief agency that helps people file for bankruptcy relief under the Bankruptcy Code. In this contract the client agrees to pay for these services in the following manner:

#### 1. BASIC FEES

- a. preparation and filing of voluntary petition for Chapter 7 bankruptcy, with no amendments;
- b. attendance at the *first* creditors meeting at the location officially set by the Court;

c. reasonable counsel and advice to the client concerning bankruptcy;

- d. informational services and reasonable negotiation with creditors included in the petition;
- e. provision of one copy of the petition and discharge notice, if applicable, to client.

The fee is based upon Client's representation that the number of creditors which will be listed on the petition are between \_\_\_n/a\_\_\_ and \_\_\_n/a\_\_\_. The fee will not increase, so long as the number of creditors has not changed nor the basic nature of the Client's case or laws governing bankruptcy, prior to filing. Client has been informed that garnishments, lawsuits, wage assignments or other collection matters will proceed until such time that the petition is filed with the Court.

Client is responsible for the Court filing fee and cost of credit report. Any payments provided by the Client shall be applied to the attorney fee if representation terminates prior to filing.

Individuals filing for relief in bankruptcy are subject to an audit pursuant to the Bankruptcy Code. Such audits are generally random but in the event your file is selected for such an audit, there will be an additional fee due our office in the amount of \$300.00 to respond to such an audit.

#### 2. RESPONSIBILITES OF DEBTOR (Client)

Client agrees to cooperate with the attorney in the preparation of Client's petition and provide complete, accurate and truthful information for each and every question, after reasonable inquiry. Client agrees to provide complete and accurate replacement value of each asset, after reasonable inquiry, to establish said value. Client agrees to keep Law Office informed of changes of address, phone number, etc. Client understands that failure to cooperate with Law Office or to provide prompt, truthful, accurate and complete information may result in the Law Office withdrawing from representation of Client.

Client authorizes Law Office to begin work on his/her petition, accept phone queries from creditors and perform related tasks and scheduling. Client acknowledges that in the event Client is unable or unwilling to file, files and later decides not to proceed, is barred from filing for any reason or Law Office withdraws for Client's failure to fully cooperate in a timely manner, Law Office legal fees for work done, to said date, will remain due.

Client acknowledges that he/she has been specifically instructed to continue making payments to those creditors such as autos and homes for which the Client wishes to retain the collateral or credit. Client acknowledges that he/she has been further informed that the official discharge notice will arrive no sooner than sixty (60) days from the date of the Creditors' Meeting.

Client acknowledges that he/she has disclosed all prior bankruptcy filings to Law Office and those filed within the last eight (8) years are indicated in writing on the bankruptcy petition.

Client acknowledges that he/she has been specifically informed that all Debtors must bring a picture identification <u>and</u> original social security card (or another official document that contains the social security number) to the Creditors' Meeting. Client has been informed that if both these documents are not produced, the Trustee will refuse to proceed with the Meeting.

Case 16-26322 Doc 1 Filed 08/16/16 Entered 08/16/16 16:49:37 Page 2 of 3 Desc Main

Client acknowledges that Law Office is refying off Client step resolutions as to the existence of assets and debts, the secured or unsecured nature of these debts, as well as, answers to all other questions on the petition. Client understands that although multiple conversations with Law Office or staff of Law Office may have occurred prior to the actual preparation of the petition, only the answers appearing on the petition reflect the recollection of Law Office as to such conversations. In the event that this contract or the petition does not accurately reflect the Client's answers or if any representations of Law Office are not accurately reflected on this contract, it is important that the Client not sign these documents until corrections have been made. Client acknowledges that he/she has been given ample opportunity to examine the bankruptcy petition and has thoroughly reviewed all of the pages. Client finds the documents to be complete and truthful to the very best of his/her knowledge and represents that all information, including creditor information, that has been provided to the Law Office is contained in this petition. If any information was given to the Law Office either orally or in writing, Client represents that it is therefore contained in the petition.

Client acknowledges he/she is solely responsible for completing both the credit counseling course and the financial management course as required within time limits set forth in the Bankruptcy Code. Client understands that a Certificate of Completion of Credit Counseling must be obtained before the petition can be filed and that the Court will not issue a discharge in bankruptcy until the client completes the financial management course.

#### 3. GENERAL

Client understands that Law Office will not investigate the possible existence of liens against the Client's property or person. The Client understands that if any such liens pre-date the filing of the bankruptcy petition, avoiding such a lien is unlikely and Law Office makes no representation that any such lien can be avoided. Client further understands that Law Office will not undertake any investigation to determine whether certain creditors are secured or unsecured but will instead rely upon representations from Client as to any such security interest. Client is informed that if a creditor is later determined to be secured, a reaffirmation or motion to redeem or avoid the debt will be necessary unless the security is surrendered.

Client understands that based on information provided to Law Office, certain creditors may allege nondischargeability of debt and understands possible consequences thereof. Client has been informed that debts predating previous filings, educational debts, willful or malicious injury, fines, penalties, alcohol/drug related injuries, tax related debts, fraud, false pretenses, false statements, debts in the nature of alimony/maintenance/support and unlisted or improperly listed creditors, are generally nondischargeable and Law Office makes no representations that any of those debts are dischargeable. Furthermore Client understands the possible consequences of such allegations that could include not only dismissal but also referral for criminal prosecution. Client further understands that attorney can make no representation as to effect of bankruptcy filing on the credit or credit reports of Client, spouse or any co-Debtors; Law Office has specifically informed client that in certain circumstances, notations may appear on the credit or credit report of spouses or co-Debtors. Law Office suggests that the Client undertake an examination of his/her credit reports soon after filing to determine if credit notations are correct. Credit reporting agencies often make errors and the Client alone is responsible for bringing such errors to the attention of the credit reporting agencies. Client also understands that filing of bankruptcy may have immigration consequences and that if Client is not a United States citizen, he/she is well advised to seek counsel of an immigration attorney prior to proceeding with the Chapter 7 Bankruptcy filing.

Law Office will supply Client with copies of all substantive correspondence and documents concerning his/her matter. Client is advised to secure these documents for future reference. Client may obtain copies of his/her file at additional cost if requested. However, due to storage constraints, Law Office reserves the right to destroy files after seven (7) years and copies may thereafter no longer be available.

Client acknowledges that no guarantees or assurances have been made by Law Office concerning the disposition of the Chapter 7 petition for bankruptcy or concerning when, or if, future credit will be extended to the Client. Any and all comments by Law Office concerning such matters are expressions of opinion only.

### 4. POSSIBLE ADDITIONAL CHARGES 08/16/16 Entered 08/16/16 16:49:37 Pesc Main

The following is a list of possible additional attorney fees that may occur during Client's case. If services are not specifically mentioned under "BASIC FEES" section of this contract, fees will apply. Although Law Office will do its best to inform Client which of these services are likely to occur, this information is only an estimation. This list is not exhaustive and other fees or charges, not listed, may apply.

Client understands that all creditors must be supplied to Law Office by the time that the petition is signed. Client may supplement this list with missing creditors for a short period of time after filing, at which time an additional \$150 attorney fee plus \$26 filing fee will then apply for the first amended creditor, with an additional fee of \$50 for each additional creditor presented for amendment, at the same time. In the event of a missing creditor, client should call Law Office immediately to determine if time for filing an amendment exists. Client agrees to diligently review his/her petition at the time of signing to make sure that all information is correct, complete and understood.

Client understands that only one (1) Creditors' Meeting date is set by the Court and his/her appearance is required. That in the event that Client is unable to attend said Meeting, the trustee may, in his/her discretion, grant additional continuances. In the event of such continuance, an additional \$195 attorney fee, per continuance, will be due to Law Office from Client.

Client understands that matters requiring additional court filings or court appearances, including but not limited to, motions to avoid, redeem, withdraw petition, appeals and any contested matters and adversary proceeding(s) are subject to additional fees.

In the event that additional fees do apply, estimated fees will be due prior to the work being performed by Law Office.

Client has read this Agreement in full and agrees with its terms and representations. Client acknowledges receipt of a copy of this contract, along with additional documents titled, "527(a)(1) disclosure", "527(a)(2) disclosure", "527(b) disclosure" and "statement of Information required by U.S.C. Sec. 341", all of which are attached hereto and made apart hereof this Agreement.

We are a debt relief agency. We help people file for relief under the Bankruptcy Code.

Dated:

Plient

Client

C. Dean Matsas & Associates, P.C.

By:

An Attorney

#### **United States Bankruptcy Court** Northern District of Illinois

|       |  | 1 (of the H District of Immors                                  |                        |                   |
|-------|--|---|------------------------|-------------------|
| In re | Yunuen Rubi Morales                        |   | Case No.               |                   |
|       |  | Debtor(s)   | Chapter 7              |                   |
|       |  |   |                        |                   |
|       | VE   | RIFICATION OF CREDITOR MA                                       | ATRIX                  |                   |
|       |  | Number of C   | Creditors:             | 30                |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credito                        | rs is true and correct | to the best of my |
| Date: | August 16, 2016                            | /s/ Yunuen Rubi Morales Yunuen Rubi Morales Signature of Debtor |                        |                   |

Amex Correspondence Po Box 981540 El Paso, TX 79998

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Blitt and Gaines, P.C. 661 Glenn Ave. Wheeling, IL 60090

Capital One Po Box 30285 Salt Lake City, UT 84130

Capital One Po Box 30285 Po Box 62180 Salt Lake City, UT 84130

Capital One / Carson Attn: Bankruptcy Dept Po Box 30258 Salt Lake City, UT 84130

Chase Card Services Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citibank Citicorp Credit/Centralized Bankruptcy Po Box 790040 Saint Louis, MO 63179

Citibank Sears Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179 Citibank/Best Buy Centralized Bankruptcy/CitiCorp Credit S Po Box 790040 St Louis, MO 63179

Citibank/The Home Depot Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129

Citimortgage Inc Attn: Bankruptcy Po Box 6423 Sioux Falls, SD 57117

Comenity Bank/Carsons Po Box 182125 Columbus, OH 43218

Comenity Bank/Limited Too Po Box 182125 Columbus, OH 43218

Comenity Bank/Pottery Barn Po Box 182125 Columbus, OH 43218

Comenity Bank/Victoria Secret Po Box 18215 Columbus, OH 43218

Con Fin Svc 3849 N Cicero Ave Chicago, IL 60641

Crosscom, Inc. 528 W. Roosevelt Road Wheaton, IL 60187

Dell Financial Services Po Box 81577 Austin, TX 78708 Discover Financial Po Box 3025 New Albany, OH 43054

Fifth Third Bank Attn: Bankruptcy 1850 East Paris Ave, Se Grand Rapds, MI 49546

Nationstar Mortgage LLC 8950 Cypress Waters Blvd Coppell, TX 75019

Paypal Credit POB 105658 Atlanta, GA 30348

Prosper Marketplace Inc Po Box 396081 San Francisco, CA 94139

Syncb/toysrus Attn: Bankrupty Po Box 103104 Roswell, GA 30076

Synchrony Bank/Amazon Po Box 965064 Orlando, FL 32896

Synchrony Bank/Gap Po Box 965064 Orlando, FL 32896

Synchrony Bank/Sams Club Po Box 965064 Orlando, FL 32896

Synchrony Bank/TJX Po Box 965064 Orlando, FL 32896

Target
Po Box 673
Minneapolis, MN 55440